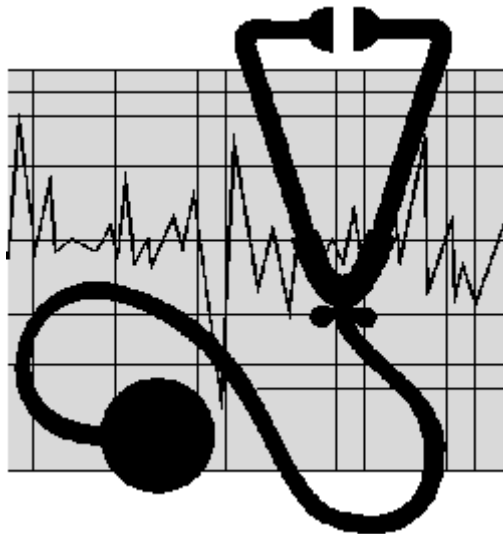


Kansas Health Insurance Information System (KHIIS)



**Progress Report
July 2004**

The Kansas Health Insurance Information System (KHIIS)

Database to Support the Kansas Insurance Commissioners Statistical Plan

Prepared by:

**The Kansas Department of Health and Environment
Center for Health and Environmental Statistics
Office of Health Care Information**

and

The Kansas Insurance Department

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The Kansas Health Insurance Information System Background

In 1989, the Kansas legislature approved the Insurance Commissioner to develop a statistical plan for health insurance in order to make objective health information available for informed health decisions. Following careful considerations of data needs, the Kansas Health Insurance Information System (KHIIS) was created in 1994 to assist the legislature and the Insurance Commissioner in making decisions related to health insurance premium and benefit costs in Kansas (see Appendix A). The KHIIS is administered by the Kansas Department of Health and Environment (KDHE) and funded through assessments on insurance carriers. It is used to provide assistance to policy makers, program managers, researchers, providers and interested parties in making informed health policy decisions. Data is collected for medical expense coverage, including Medicare supplemental policies.

Accomplishments include:

- Development of a technical manual with a standard for data submission,
- Collection of data due to divestitures/acquisition (now from 21 company groups and 42 NAIC numbers),
- Approval of rules and regulations guiding data collection and release,
- Acquisition of regional and local data for normative comparisons,
- Provision of information for legislative committees for proposed insurance coverage mandates on prostate cancer screening, medical equipment, breast reconstructive surgery, mental health parity, contraceptives among other topics, and
- Preparation of reports on Major Medical Cost Trends, Mental Health and Drug Treatment Cost Trends, Asthma in Kansas, and Mental Health in Kansas among others.

The KHIIS database has proven to be a valuable resource to the Kansas legislature and the Kansas Insurance Department (KID) in gathering needed information objectively and free from bias from the industry. As with any administrative dataset, there are limitations. These include 1) lack of clinical or outcome data availability, which limits depth of information maintained on quality of care, 2) absence of individual provider information, thus making provider comparisons impossible, 3) in some cases, absence of claims reported to the database for particular conditions not covered by insurance, thus, making estimates for costs to mandate benefits related to those specific conditions unavailable, and 4) the database does not include ERISA or uninsured populations. The strength of the KHIIS database lies in its ability to make available information on insured demographics, plan benefits, health care finance cost and utilization trends across provider settings. This information is being used for policy analyses that

evaluate health benefits provided in policies sold to Kansans. Data collection for KHIIS will provide information on the Kansas insured population and on outpatient and ambulatory health delivery settings in a cost-effective and efficient manner. KHIIS is a unique database for state government and will serve the Commissioner, Governor and the legislature well as future health care policy decisions are made.

Assessments to Support KHIIS Data Collection: An annual assessment is made on insurance companies who are licensed to do business in Kansas. A fee is assessed, annually, based on the Premium Volume Report prepared for the previous calendar year from Form100 reports submitted to the Kansas Insurance Department. This assessment has been in place since 1995 and approved each year by the Insurance Commissioner. The assessment has been collected in the full for FY 2004.

The Database

Data Submission and Collection: The FY 2004 KHIIS database consists of the 20 largest health insurance carriers and their group members providing private health insurance coverage for Kansans. Data contributors consist of those carriers regulated by Kansas Insurance Department; ERISA data are not available. Assuming that all requested insurers are providing the full compliment of data and based on the 2002 Premium Volume Report prepared by the KID, KHIIS represents health insurance information for 94% (see Appendix B) of the total \$2,255,997,057 premium volume reported to the commissioner. Currently, the KHIIS database contains data dating from 1998 to the present. The 2002 Records Counts Report includes an estimated 1,660,978 membership records, 15,858,592 summary records and 24,951,247 detail records for a total of 24,470,817 records for 2002 data submitted to date. This report also contains summary information on submitted, allowed and paid claims.

Since implementation of the KHIIS project, submitting companies have changed due to the transitional nature of the insurance industry (see Appendix C). Names are not available due to confidentiality provisions. A number of companies continue to work with the Office of Health Care Information (OHCI) staff as representatives prepare acceptable data for use. OHCI staff provide extensive technical assistance to insurance carriers as they prepare programming to format data for submission meeting defined requirements.

Companies are selected and notified annually mid-calendar year based on an updated Premium Volume Report prepared by the KID and provided to KDHE. Newly selected company data submission is typically required effective the following calendar year. Each identified company representative is provided with a currently updated Technical Manual specifying how data are to be submitted. Technical assistance is provided to programming staff as they engage in the data preparation process.

Development of Technical Manuals: There have been three editions of the Technical Manual for reporting data that, over time, have been provided to company representatives:

- The first edition of the Technical Manual, provided instruction about what fields were required for submission and included guidelines for data submission to the KHIIS System. Years data are submitted under this format.
- The Technical Manual, 2nd Edition, published in November of 2000, contained similar information with the addition of a glossary of terms, specified file layout definitions including beginning and ending field location specifications, distinctions between numeric, character and date fields and justification requirements. Data was submitted through 2002 using this tool.
- The currently used Technical Manual, 3rd Edition, implemented with the submission of 2003 KHIIS data, added to the previously distributed Technical Manual by clarifying issues raised by insurers as they worked to meet data submission requirements. This manual contained modified file layout requirements and was designed to address HIPAA concerns for data standardization i.e., taxonomy codes and field types and lengths. Data needed to derive Diagnostic Related Groups (DRG) were requested along with the DRG designations for inpatient hospital records.

Copies of the 2nd and 3rd editions of the Technical Manual for KHIIS can be downloaded from the Internet and are located at <http://www.accesskansas.org/hcdgb/insur.html>.

Processing and Editing the Data: An extensive multi-step process (see Appendix D) has been developed for requesting, evaluating and maintaining health insurance company data submitted for inclusion in the KHIIS database:

- Data received are processed through an automated system developed by the Office of Information Systems (OIS/KDHE). The automated system contains a series of data edits prepared to address data problems and inconsistencies.
- Problematic data are identified and returned to companies for replacement.
- Readable data are placed in the KHIIS database and are validated by a KDHE staff person.
- Written feedback on company data preparation is provided to the submitting company.
- Communications with companies regarding data submissions are ongoing.

Data are either accepted into the KHIIS database or a request for data resubmission is prepared. To date, most companies are able to provide the required data; however, work continues with companies who remain in programming modification stages.

Decision support: KDHE has contracted with Miller and Newberg, Inc. in conjunction with the Kansas Insurance Department Accident and Health Division.

Medicare Supplemental Data: - Medicare Supplemental data is being gathered from KHIIS companies at the request of KID. A number of companies have been submitting Medicare Supplemental data:

- 1999 - three companies,
- 2000 - five companies,

- 2001 - ten companies,
- 2002 - nine companies,
- 2003 - ten companies,
- 2004 - six companies.

This additional data is to be used in addressing legislative questions as they arise.

Information Dissemination

The KHIIS database has been used to address legislative requests and to prepare reports and data summaries for a variety of requesters upon permission granted by the KID. Some reports will be produced on a continuing basis while others are handled as *ad hoc*.

Legislative Initiatives: A number of KHIIS analysis have been prepared to address legislative initiatives. These include:

- **Mental Health Parity:** Mental Health Parity is a 2000 legislative initiative. Mental Health Parity for Kansas was intended to make available physical and mental health insurance coverage on an equivalent basis. Reports were prepared assessing the possible effect of mandating mental health parity coverage for companies that are licensed to do business in Kansas (see Appendix E). Impact evaluation shows that implementation of Mental Health Parity has little effect on insurance costs. The most recent analysis was based on 1999-2002 service dates from five company groups with a total of nine NAIC numbers. The report indicates that the Mental Health Parity mandate impact is negligible. Legislation was passed to implement Mental Health Parity in Kansas in 2002.
- **Wellness Visits for Women:** The 2000 Kansas legislature considered a provision to allow women to visit an in-network obstetrician or gynecologist for routine gynecological care at least once per year without requiring a preliminary primary care physician visit. Summarized data reports from KHIIS were provided; these indicated that there would be no significant cost increase (see Appendix F). This provision passed and has been implemented.
- **Possible Mandated Health Care Coverage for Mental Health/Mental Illness and Drug Alcohol Abuse:** A report was prepared from KHIIS data addressing a 2001 legislative initiative regarding mandating health care insurance coverage for specifically defined (DSM-IV, 1994) mental health and drug and alcohol abuse claims (see Appendix G). Claims experience trends were reviewed for 1998 through 2000 data. Reports were prepared and submitted for actuarial review. Draft reports were shared with KID staff. Legislation did not proceed.
- **Possible Mandated Coverage for Colonoscopy Procedures:** KHIIS staff were requested by the 2002 legislature to review the impact of mandating colonoscopy screening for health insurance companies licensed to do business in Kansas. KHIIS data from 1999 and 2000 were reviewed from six insurance companies. Preliminary results

indicated that mandating of this screening may impact insurance premiums significantly (see Appendix H). The legislation did not proceed.

- **Mandated Coverage for Contraception:** With the approval of KID, KDHE staff researched a question before the 2003 Kansas legislature as (HB) 2185 about whether insurance companies should be required to cover contraceptive drug costs (see Appendix I). CHES staff reviewed 2001 KHIIS claims data submitted by insurance plans providing contraceptive coverage. The costs covered non-permanent contraceptive procedures, drugs, implants, devices, supplies, and counseling. Data showed 0.6% of aggregate claim payments were for costs that would be mandated coverage if HB 2185 passed. Accordingly, plans that do not currently cover those costs, on the average, would expect a proportionate premium increases. However, projections indicated that there would be variations based on the population covered. Groups with greater than average proportions of females under age 45 would have larger increases, and groups with lesser exposed demographics would have smaller increases. The largest increases would occur in individual plans, where age and sex rating could increase premiums up to 3% for younger females. This bill did not advance during the 2003 legislative session.

Products and Reports: A number of products and reports are in the preparation process or have been completed:

- **Most Expensive Medical Care and Procedures Report:** The Kansas Insurance Commissioner requested a report summarizing costs for the most expensive medical care and procedures. Reports were prepared for the Commissioner and presented (see Appendix J).
- **Major Medical Cost Trends:** KID requested an analysis of average major medical claim cost trends over a three year period. These were requested in regard to minimum loss ratios for major medical products. Staff reviewed data for cost increases. Costs both including and excluding maternity were prepared. This report was reviewed a number of times by actuarial and KID staff and is in the update process (see Appendix K).
- **Best Committee Reports:** Summary health care service data were derived from the KHIIS database for the Governor's Health and Human Services BEST Teams to serve as a representation of private sector experience.
 - **BEST Rate and Payment Team Dental Comparisons:** Comparisons of dental services were summarized. These data were compared to summarized Medicaid, State Employee health data, and the Department of Corrections experience (see Appendix L).
 - **BEST Prescription and Over the Counter (OTC) Drug Purchasing Team:** The Governor's BEST Prescription and OTC Drug Purchasing Team reviewed options for savings with pharmacy benefit management across state agencies. The committee requested summarized KHIIS data to use as a private sector for

benchmark usual and customary service cost. These were provided to the committee (see Appendix M).

- **Emergency Room Use Related to Drug or Alcohol Abuse for the Governor’s BEST Team on Substance Abuse:** Information was requested from KHIIS regarding the frequency of Kansas residents emergency room visits due to drug and alcohol abuse. Results were summarized based on year 2002 submitted data containing information on those conditions. A total of 1,035,013 covered lives were included in the population evaluated. Analysis indicated that rates per 100,000 Kansas residents were 1935 (n=530), 7.4 (n=202), and 7.8 (n=213) for alcohol, drug, and alcohol/drug abuse, respectively. These rates should be considered an underestimate of the State’s experience since there are no uninsured or Medicaid populations included. It is not recommended that analyses for counties be pursued due to small numbers issues. Further study is underway regarding what the effects might be of employing multiple diagnosis categories in the analysis (see Appendix N).
- **Pharmaceutical Cost Trends Report:** An analysis of pharmaceutical cost trends was published in September 2000. This report was based on analysis of three submitting KHIIS company’s 1997 and 1998 data. Following development of that report, efforts were focused on improving pharmaceutical data collection. Pharmaceutical data collection has been expanded and an updated analysis is in preparation.
- **CPT, DRG and Cost Reports:** The Department of Labor Division of Workers Compensation requested information on average costs of dental, CPTs, and DRGs derived from the KHIIS database. Dental and CPT reports have been forwarded to the Division. The DRG Report is in process.
- **Planned Parenthood Request for Information on the Number of Lives Covered by 34 Insurance Companies:** With the approval of KID, KHIIS staff provided unduplicated membership records counts as an estimate of the number of covered lives in 2002 for 28 of the requested companies. The remaining six companies for which information was requested were not included in the KHIIS data collection.
- **Standard Reports:** KHIIS and actuarial staff are working to prepare standard reports based on submitted company data. KHIIS staff are presently working on the “KHIIS Benefit Ratio Standard Report-2002”. This report includes summary costs and ratio output for hospital inpatient, hospital outpatient, primary care professionals, specialty care professionals, diagnostic and prescription drugs, and facilities. These standard reports are created to address several purposes (see Appendix O);
 - To provide KID a tool for assessing rate and policy filings in terms of whether rates appear to match the benefit experience or expectation,
 - To determine on a company by company basis whether there are components of experience that may be inordinately influencing the cost,

- To create norms among companies that report consistently - most likely the larger companies, and
- For review and comparison of utilization patterns, costs, quality and quantity of health care services, and to conduct research, policy analysis and preparation of reports describing the performance of the health care delivery system from public, private and quasi-public entities. Once the methodology for report preparation is approved by actuarial and KID staff, subset reports can be created to do comparisons on urban vs rural, PPO vs HMO, KHIIS data vs state employees plan vs Medicaid, etc., experience.

Data Sharing with Kansas Health Institute (KHI): The KID and the KHI entered into an agreement to discuss the effectiveness and applicability of the KHIIS database for health policy development. In addition, this assessment is expected to include recommendation for KDHE to more effectively acquire and process the data. Data has been submitted to KHI as requested.

Further Plans

The KHIIS database will continue to be a resource for addressing a number of future health insurance policy questions. It is unique when compared to health care data collected across the country in that data are collected across all health care delivery settings. Financial information is maintained and reflects actual payments for services. Furthermore, this database represents an estimated 94% of the privately insured (non-ERISA) Kansas premium volume. Considerable time has been spent developing the technical manual which is the standard tool for data reporting in a number of arenas.

Future plans include:

- Continued standard report production,
- Expansion of data collection for ERISA when feasible,
- Securing access to Medicare, Medicaid and State of Kansas health plan.
- Preparation and dissemination of ad hoc reports and data sets as approved.
- Evaluation of the database regarding representation of managed care coverage for the state.
- Conducting analyses and comparing findings to other insurers where appropriate (such as Medicaid and Medicare beneficiaries).

Appendix A

Legislation and Regulations

40-2251. Statistical plan for recording and reporting premiums and loss and expense experience by accident and health insurers; compilation and dissemination; secretary of health and environment to serve as statistical agent; assessments; penalties for failure to report. (a) The commissioner of insurance shall develop or approve statistical plans which shall be used by each insurer in the recording and reporting of its premium, accident and sickness insurance loss and expense experience, in order that the experience of all insurers may be made available at least annually in such form and detail as may be necessary to aid the commissioner and other interested parties in determining whether rates and rating systems utilized by insurance companies, mutual nonprofit hospital and medical service corporations, health maintenance organizations and other entities designated by the commissioner produce premiums and subscriber charges for accident and sickness insurance coverage on Kansas residents, employers and employees that are reasonable in relation to the benefits provided and to identify any accident and sickness insurance benefits or provisions that may be unduly influencing the cost. Such plans may also provide for the recording and reporting of expense experience items which are specifically applicable to the state. In promulgating such plans, the commissioner shall give due consideration to the rating systems, classification criteria and insurance and subscriber plans on file with the commissioner and, in order that such plans may be as uniform as is practicable among the several states, to the form of the plans and rating systems in other states.

(b) The secretary of health and environment, as administrator of the health care database, pursuant to K.S.A. 1998 Supp. 65-6804, and amendments thereto, shall serve as the statistical agent for the purpose of gathering, receiving and compiling the data required by the statistical plan or plans developed or approved under this section. The commissioner of insurance shall make an assessment upon the reporting insurance companies, health maintenance organizations, group self-funded pools, and other reporting entities sufficient to cover the anticipated expenses to be incurred by the secretary in gathering, receiving and compiling such data. Such assessment shall be in the form of an annual fee established by the secretary and charged to each reporting entity in proportion to such entities respective shares of total health insurance premiums, subscriber charges and member fees received during the preceding calendar year. Such assessments shall be paid to the secretary and the secretary shall deposit the same in the state treasury and it shall be credited to the insurance statistical plan fund. Compilations of aggregate data gathered under the statistical plan or plans required by this act shall be made available to insurers, trade associations and other interested parties.

(c) The secretary, in writing, shall report to the commissioner of insurance any insurance company, health maintenance organization, group self-funded pool, nonprofit hospital and medical service corporation and any other reporting entity which fails to report the information required in, the form, manner or time prescribed by the secretary. Upon receipt of such report, the commissioner of insurance shall impose an appropriate penalty in accordance with K.S.A. 40-2,125, and amendments thereto.

History: L. 1990, ch. 170, § 1; L. 1994, ch. 238, § 13; L. 1995, ch. 260, § 1; July 1.

40-2252. Same; rules and regulations. The commissioner and the secretary of health and environment, jointly, may adopt rules and regulations necessary to effect the purposes of K.S.A. 40-19c09 and 40-2251, and amendments thereto.

History: L. 1990, ch. 170, § 3, L. 1994, ch 238, § 14; July 1.



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Ron Thornburgh,

Secretary of State

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State of Kansas

Kansas Insurance Department
Permanent Administrative
Regulations

Article 1. - GENERAL

40-145. Release of data from the insurance database. (9) Although the data collected by and furnished to the commissioner of insurance pursuant to K.S.A. 40-2251, and amendments thereto, is not an open record pursuant to K.S.A. 1997 Supp. 45-221(16), and amendments thereto, compilations of this data may be released, subject to the following limitations.

(1) These reports shall include comparative information on averages of data collected. Compilations of data shall not contain patient-identifying information or trade secrets.

(2) The raw data shall be released by the commissioner of insurance only to each data provider that has submitted that particular data to the database and that requests to see and review its data set for purposes of verifying information in the database pertaining to that data provider. These data sets shall not be made available to the public.

(3) External data used for normative values that are not within the public domain shall not be released.

(b) Any person, organization, governmental agency, or other entity may request the preparation of compilations of data collected by and furnished to the commissioner of insurance, in accordance with the following procedure and limitations.

(1) All requests for compilations of data shall be made in writing to the commissioner of insurance. The written request shall contain the name, address, and telephone number of the requester, and a description of the legitimate purpose of the requested compilation. A "legitimate purpose" is defined as a purpose consistent with the intent, policies, and purposes of K.S.A. 40-2251, and amendments, thereto. Whether or not a legitimate purpose exists may be determined by the commissioner of insurance.

(2) Each request for a compilation of data shall be reviewed by the commissioner of insurance to determine whether to approve or deny the request. A request for compilation of data may be denied by the commissioner of insurance for reasons including any of the following.

(A) The data are unavailable.

(B) The requested compilation is already available from another source.

(C) The requested compilation of data would endanger patient confidentiality.

(D) The commissioner lacks sufficient resources to fulfill the request.

(E) The request would disclose a trade secret.

(F) The requester has previously violated the rules for dissemination from the insurance database.

(G) The request is not a legitimate purpose.

(3) The requester may ask for compilations of data collected by and furnished to the commissioner of insurance in a specific manner or format not already used by the commissioner. This shall include any request for subsets of information already available from the commissioner in compiled form.

(4) The requester shall be notified by the commissioner of insurance in writing of its decision within 30 days. Each denial of a request shall include a brief explanation of the reason for the denial.

(5) Determination of a fee to be charged to the requesting person, organization, governmental agency, or other entity to cover the direct and indirect costs for producing compilations shall be made by commissioner of insurance or designee in consultation with commissioner. The fee shall include staff time, computer time, copying costs, and supplies. For charging purposes, each compilation shall be considered an original. The fee may be waived at the commissioner's discretion.

(c) No person, organization, governmental agency, or other entity receiving data from the commissioner shall re-disclose or redistribute that information for commercial purposes. Any violation of this section shall result in denial of all further request to the insurance database.

(d) Any publication using data from the insurance database shall include a written acknowledgment of the Kansas insurance department. A copy of any publication of data from the insurance database shall be sent to the commissioner of insurance before its publication. (Authorized by K.S.A. 1997 Supp. 4-2251 and K.S.A. 40-221; implementing K.S.A. 1997 Supp. 40-2251; effective Aug. 21, 1998.)

Kansas Insurance Commissioner
Doc. No. 022739

Appendix B
Premium Volume Percentages

Percentage of Premium Volume Collected
Based on 2002 Premium Volume Report
Sorted by Percentage of Premium Volume

SEQUENCE NUMBER	ASSIGNED GROUP NUMBER	ASSIGNED COMPANY NAME	RANK	PERCENT OF PV
29	15	A	1	32.00%
37	19	B	2	15.69%
39	20	B	3	9.11%
32	17	A	4	5.65%
38	20	A	5	5.25%
34	18	A	6	3.71%
30	15	B	7	3.69%
35	18	B	8	2.28%
33	17	B	9	2.14%
11	5	B	10	1.96%
4	1	D	11	1.49%
9	4	A	12	1.11%
22	11	A	13	1.08%
25	13	A	14	1.02%
23	11	B	15	0.84%
7	3	B	16	0.80%
21	10	B	17	0.74%
16	8	B	18	0.71%
10	5	A	19	0.56%
40	21	A	20	0.50%
5	2	A	21	0.46%
31	16	A	22	0.44%
12	6	A	23	0.39%
14	7	B	24	0.37%
24	12	A	25	0.36%
8	3	C	26	0.35%
6	3	A	27	0.34%
27	14	B	28	0.31%
36	19	A	32	0.25%
18	9	A	34	0.22%
18	9	A	34	0.22%
1	1	A	44	0.13%
19	9	B	63	0.07%
2	1	B	80	0.04%
17	8	C	85	0.03%
26	14	A	125	0.00%
15	8	A	140	0.00%
3	1	C	142	0.00%
20	10	A	152	0.00%
13	7	A	154	0.00%
28	14	C	205	0.00%
42				94.14%

Percentage of Premium Volume
Collected
Based on 2002 Premium Volume Report
Sorted by Group and Company

SEQUENCE NUMBER	ASSIGNED GROUP NUMBER	ASSIGNED COMPANY NAME	RANK	PERCENT OF PV
1	1	A	44	0.13%
2	1	B	80	0.04%
3	1	C	142	0.00%
4	1	D	11	1.49%
5	2	A	21	0.46%
6	3	A	27	0.34%
7	3	B	16	0.80%
8	3	C	26	0.35%
9	4	A	12	1.11%
10	5	A	19	0.56%
11	5	B	10	1.96%
12	6	A	23	0.39%
13	7	A	154	0.00%
14	7	B	24	0.37%
15	8	A	140	0.00%
16	8	B	18	0.71%
17	8	C	85	0.03%
18	9	A	34	0.22%
19	9	B	63	0.07%
20	10	A	152	0.00%
21	10	B	17	0.74%
22	11	A	13	1.08%
23	11	B	15	0.84%
24	12	A	25	0.36%
25	13	A	14	1.02%
26	14	A	125	0.00%
27	14	B	28	0.31%
28	14	C	205	0.00%
29	15	A	1	32.00%
30	15	B	7	3.69%
31	16	A	22	0.44%
33	17	B	9	2.14%
34	18	A	6	3.71%
35	18	B	8	2.28%
36	19	A	32	0.25%
37	19	B	2	15.69%
38	20	A	5	5.25%
39	20	B	3	9.11%
40	21	A	20	0.50%
41	21	B	31	0.00%
42				94.14%

Appendix C

KHIS Data Collection:

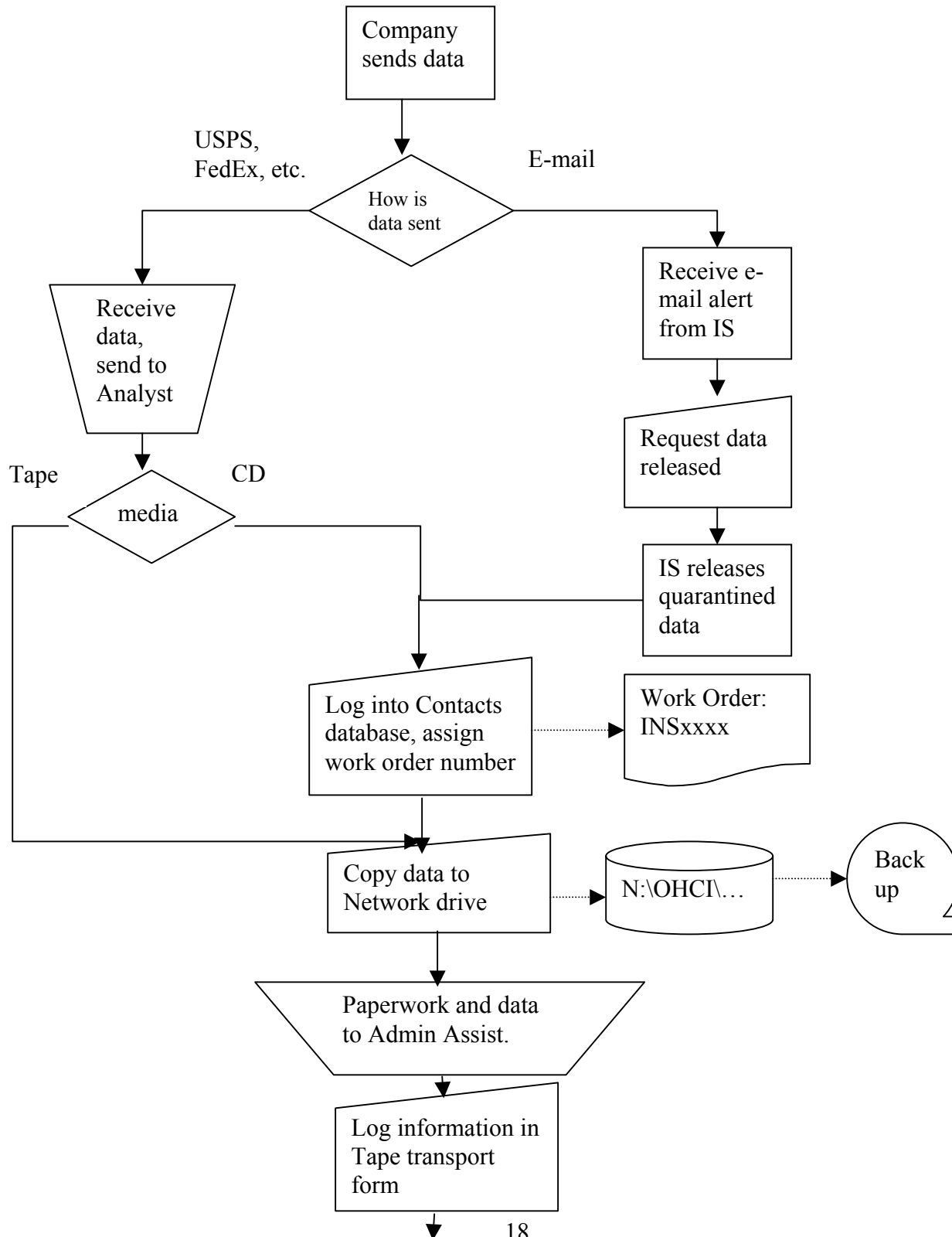
Companies and Years

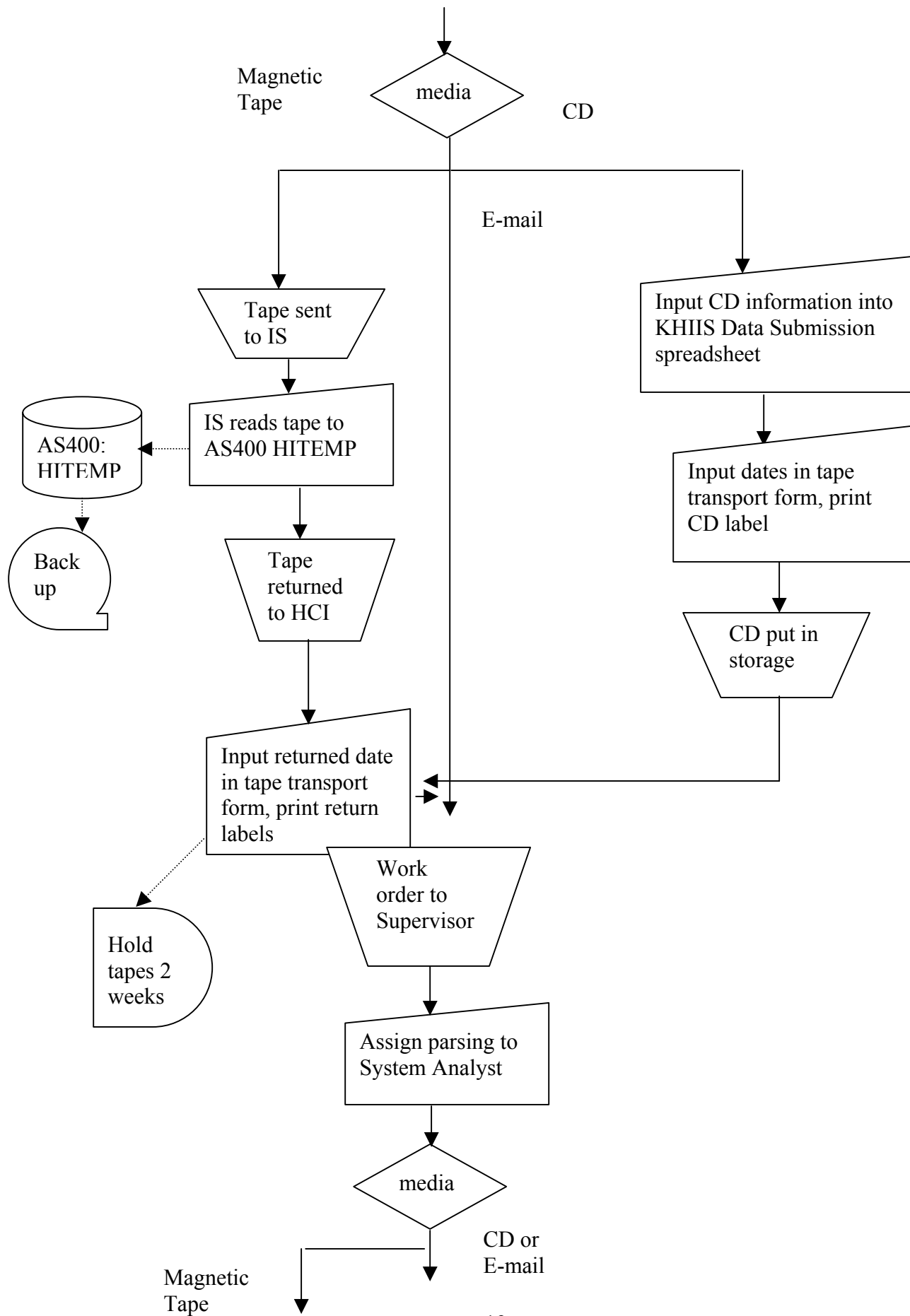
KHIIS Companies by Years of Data Submission

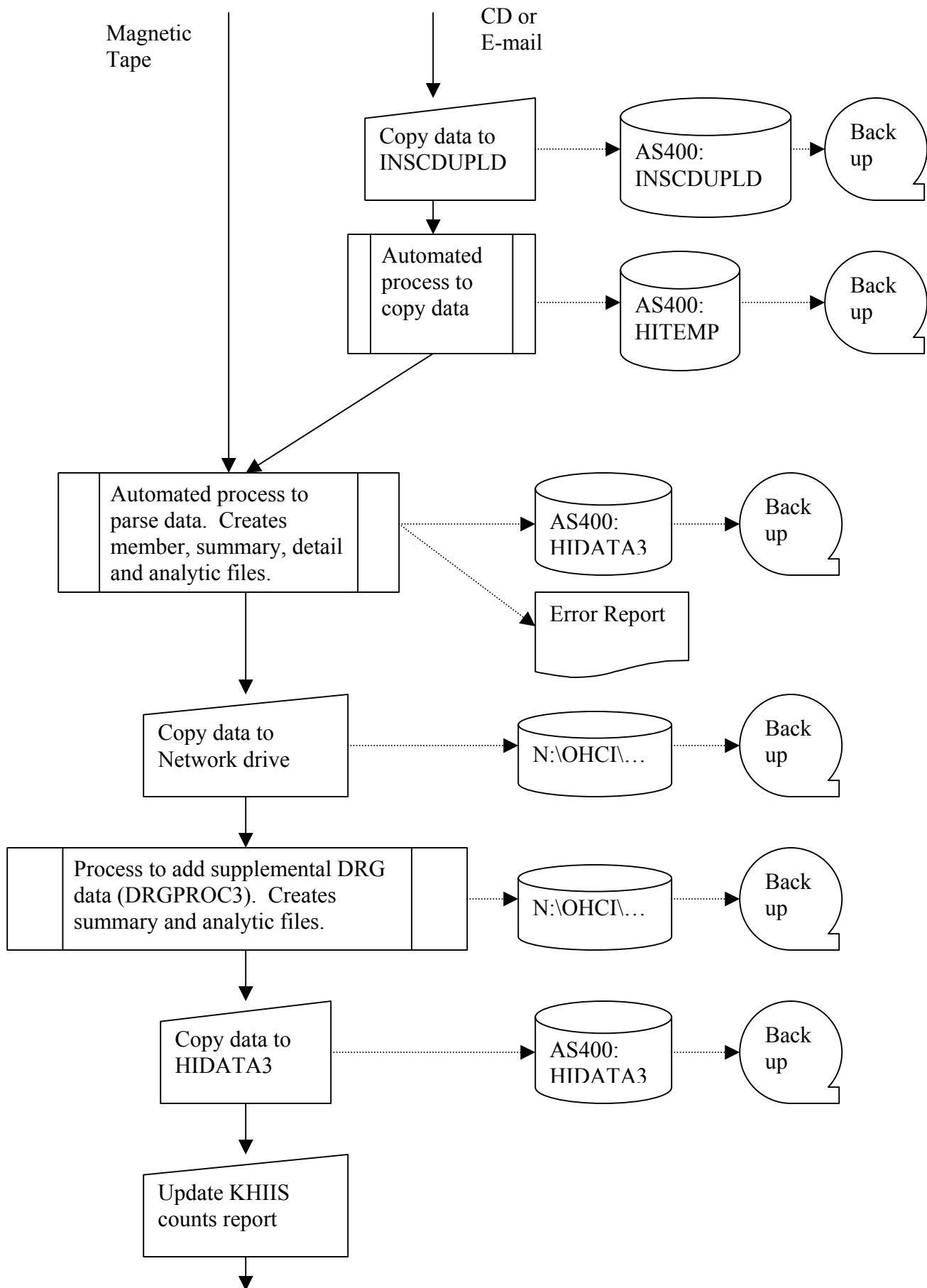
COMPANY	1998	1999	2000	2001	2002	2003	2004	COMPANY	1998	1999	2000	2001	2002	2003	2004
1			X	X	X			38			X				
2						Q1		39	X	X					
3	X	X	X	X	X	Q1		40	X	X					
4	X							41	X	X					
5				X	X	X		42			X	X	X	X	
6	X	X	X	X	X	X		43					X	X	Q1
7					X	X		44	X	X	X				
8						X		45		X	X				
9		X	X	X	X	X		46					X	Q123	
10		X						47					X	Q123	
11		X	X	X	X	X		48		X	X	X	X	X	
12		X	X	X	X	X		49			X	X	X	X	
13		X	X	X	X	X		50	X	X	X	X	X	X	
14				X	X	X		51	X	X	X	X	X	X	
15					X	X		52		X	X	X	X	X	
16				X	X			53				X	X	X	
17				X	X	X		54			X	X	X		
18		X	X	X	X	X		55	X	X					
19		X	X	X	X	X		56	X	X					
20						Q1		57	X	X					
21				X	X	Q1		58			X	X	X		
22				X	X	Q1		59			X	X	X		
23		X	X	X	X	X		60			X	X	Q123		
24		X	X	X	X	X		61				X	X	X	
25					X	X		62				X	X	X	
26			X	X	Q12			63					X	X	
27				X	X	X		64				X	X	X	
28	X	X	X	X	X	Q123		65				X	X	X	
29				X	X	X	Q1	66				X	X	X	
30						Q3		67	X	X	X	X	X	X	
31		X	X	X	X	Q123		68		X	X	X	X	Q123	
32					X	X	Q1	69		X	X	X	X	Q123	
33						Q3		70		X					
34		X	X	X	X	X		71		X	X	X			
35						Q34		72			X	X	X	X	
36						Q2		73				X	X	X	
37				Q234	X	Q134		74					Q34	Q12	

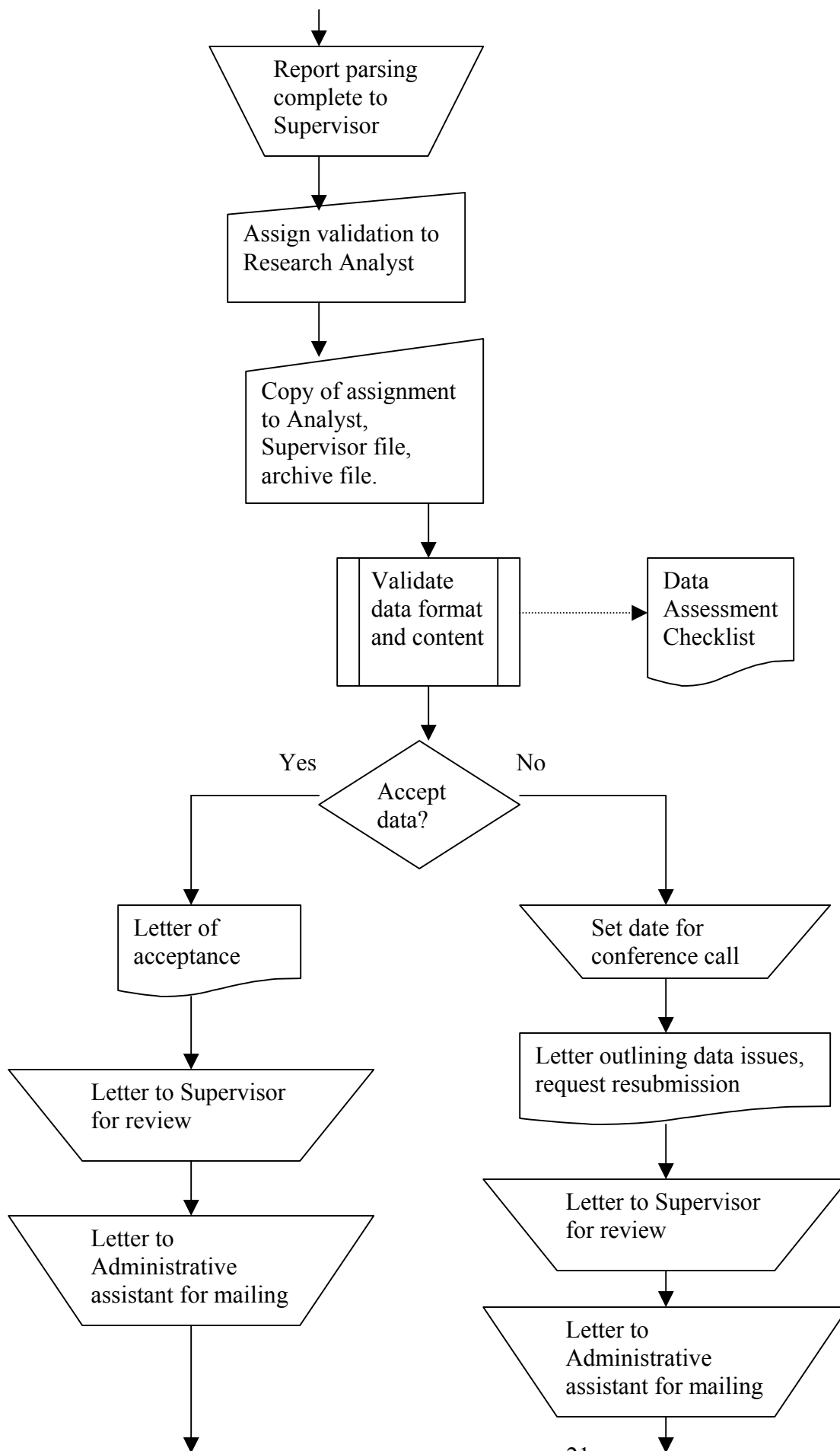
Appendix D
Data Flow Process

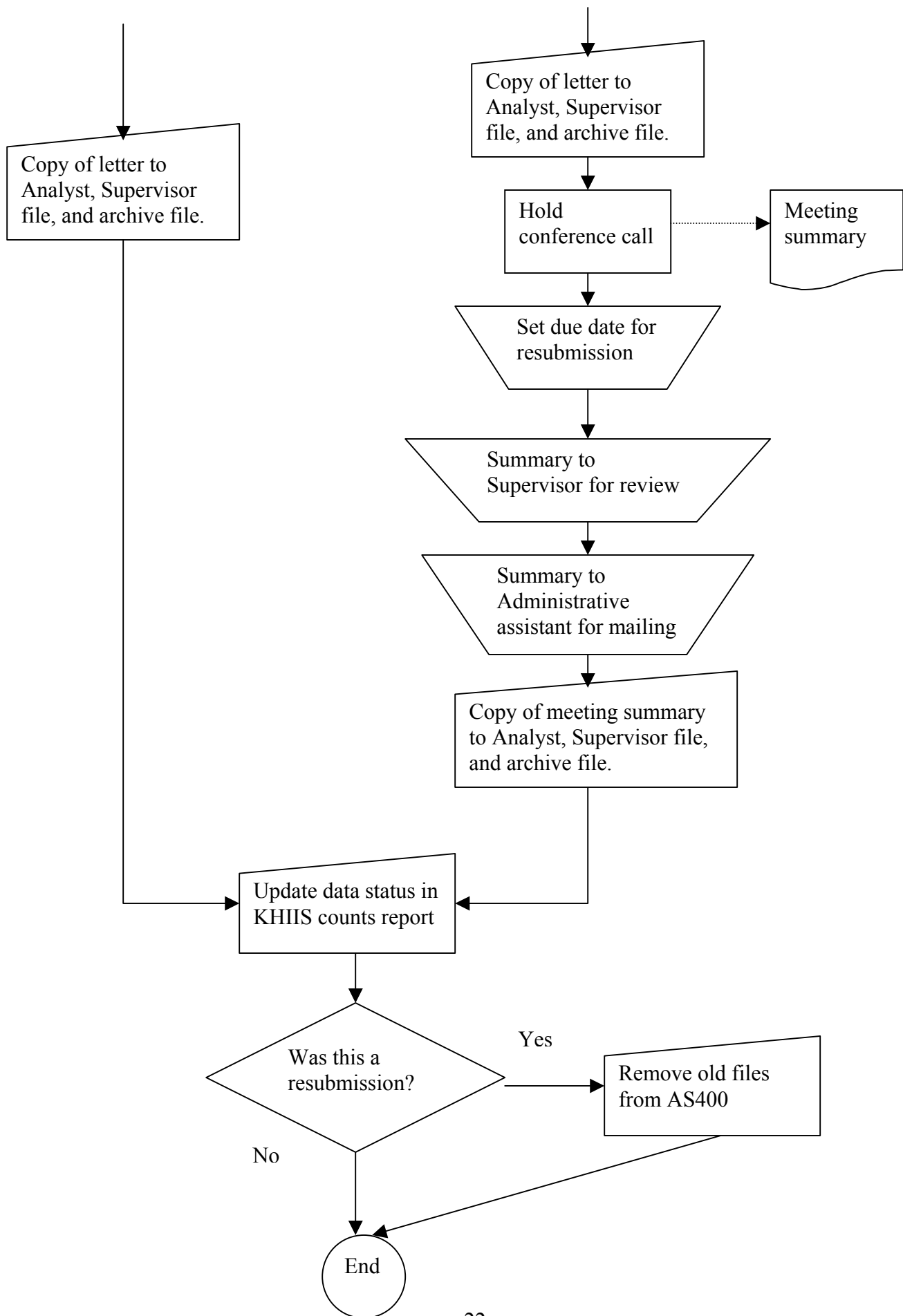
KHIIS Company data processing











Appendix E
Mental Health Parity

Mental Health Cost in Kansas- the Impact of Parity

The Mental Health Parity Act of 1996 requires employer-sponsored health plans to include annual and lifetime dollar limits for mental health coverage at par with all medical and surgical coverage (1). This law however does not apply to plans sponsored by an employer with 50 or fewer employees or group plans that experience an increase in plan claims costs of at least 1% because of compliance (2). It does not require plans to offer full mental health coverage, excludes treatment for substance abuse and does not prevent a plan from imposing more restrictive service limits (3).

Mental Health Parity, was implemented in Kansas as a result of the passage of KSA 40-2, 105a. Prior to the introduction of the bill, Kansas Department of Health and Environment (KDHE), Center for Health and Statistics (CHES), Office of Health Care Information (OHCI), analyzed the cost of mental health coverage on insurance premiums. Based on analysis of Kansas Health Insurance Information Systems (KHIIS) data, OHCI reported that cost increases due to mental health parity would be less than 2% at most. A similar study conducted by the Kansas Department of Administration estimated that inclusion of mental health parity would increase total HMO and PPO option plan costs by 0.2% and 1.44% for the indemnity plan option.

The effect of mental health parity on cost reported by the Department of Administration, Kansas State Employees Health Care Commission based on the Group Health Insurance Program (GHIP) data indicated, in agreement with their previous estimates, that the cost effect of biologically based mental health parity on the State=s GHIP was less than 2%. According to this report, inclusion of mental health parity produced a slight increase of .14% of total HMO plan costs for the plan year 1999 compared to plan year 1998. For the managed indemnity plan, a slight cost increase of 0.05% was observed. These results are however indicative of the plan years measured only and until the end of 2001, no unexpected trends were observed.

Mental Health Parity was implemented statewide in January 2002. However, sufficient data are not available to measure the implementation effect of mental health parity. Actuarial staff suggest that a minimum of a full year of data is required in order to detect impact on health plans.

Recommendation: Estimates from the State of Kansas Employer Group Health Insurance Plan provide some information about the cost of the mental health parity mandate. However, an analysis of data acquired from the regulated companies through KHIIS would be more applicable. A full year=s data will be available in Spring 2003 and reporting possible in Fall 2003.

January 14, 2003

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Kansas Mental Health Parity Experience

I have been engaged to measure the impact of the Kansas mandated mental health group medical insurance benefit codified in KSA 40-2, 105a., effective January 1, 2002. That mandate requires that mental illness coverage be provided for a set of listed mental illnesses on the same bases as medical conditions generally with the exceptions that in-patient and out-patient care can be limited to 45 visits each. Quoting from the statute, the listed mental illnesses are:

“schizophrenia, schizoaffective disorder, schizophreniform disorder, brief reactive psychosis, paranoid or delusional disorder, atypical psychosis, major affective disorders (bipolar and major depression), cyclothymic and dysthymic disorders, obsessive compulsive disorder, panic disorder, pervasive developmental disorder, including autism, attention deficit disorder and attention deficit hyperactive disorder as such terms are defined in the diagnostic and statistical manual of mental disorders, fourth edition, (DSM-IV, 1994) of the American psychiatric association but shall not include conditions not attributable to a mental disorder that are a focus of attention or treatment.”

With respect to the above listed conditions Kansas goes beyond Federal law in two respects. One, requiring the same cost sharing, co-payments and coinsurance, as medical and surgical benefits except for the 45 visit limit, and secondly, applying the mandate to all group medical plans, not just employer groups of 51 or more. In addition, Federal law permits an employer to opt out of mental health coverage completely but Kansas does mandate coverage.

I conducted my evaluation using two sources, data from the Kansas Health Insurance Information System (KHIIS), and interviews, including gathering subsequent information, with representatives of major health insurers active in Kansas. KHIIS data is reported quarterly by all Kansas health insurers. The lag time before full availability is about six months. The data available and used included claims incurred, as measured by service dates, in the calendar years 1999 through 2002 with claim payments made through the third quarter of 2003. There may be some incomplete claims in these years but, according to our models, any remaining payments are almost certainly well under 2% of the total for 2002 and are totally insignificant for earlier years. Claim experience was presented for 17 insurers, encompassing nearly all Kansas employer fully insured group medical insurance and some association group. However, three insurers were eliminated from study because they did not have experience both before and after January 1, 2002. Insurers will not be identified by name in any details of this paper. The experience for 1999 through 2001, the last three years prior to the effective date of KSA 40-2, 105a, was compared to 2002, the first year of effectiveness. In addition, experience for 2001 alone was compared to 2002. Plan types examined separately were indemnity, preferred provider, health maintenance organizations, and point of service (POS). Five insurers had \$20 million or more in claim amounts allowed in each of the years. These insurers make up about 85% of the group medical business in Kansas by premium and claim payments. They were also studied as a group and compared to the total.

We know from interviews, see below, that all the large insurers and thereby at least the great bulk, perhaps nearly all, group insurance products were changed to meet the mandate. However, we do not have available to us just what those changes were. All plans contained mental health coverage on some basis prior to the mandate.

To analyze KHIIS data for the mandate impact, we first had to determine the best means to measure them. We found no means to be perfect. There are too many variables. There are changes in plan offerings every year. There are changes and trends in co-payments, networks, design elements, etc., and even if the plans were constant over time, demographics and medical practice evolution would still change results to some extent. A major item, noted below, is capitation which can artificially decrease (or inflate) claim charges, allowances, and payments because such are not directly dependent on services. A germane instance of medical practice changes in the mental health field is drug treatments replacing or augmenting other therapies for many conditions. All in all, we find the best measure to be from claim amounts allowed. "Claim amounts allowed" means charges eligible for payment before the application of an insured's aggregate co-payments of any type. This measure is better than paid measures because it nearly eliminates the effects of plan changes (except when claims may no longer be filed at all, but this is very uncommon). An example of an alternative prime measure reviewed is paid claims as a percentage of allowed. We found that the results depended fully on claim size. As mental health claims are typically smaller and co-payments are weighted to smaller claims, the resulting pattern was of no value in analysis.

KHIIS data show that mental health claims allowed charges in aggregate increased as a percentage of total allowed charges in 2002. The increase, however, was quite small, from .84% in 2001 to .89% in 2002. Moreover, this increase reversed a general slight downward trend that could be attributed to product design, medical practice and other changes. The five largest insurers had aggregate results almost identically the same, .85% to .90%. Overall, 6 of the 14 showed an increase in the proportion of mental illness claims allowed, but 8 actually showed decreases.

Table 1 shows the raw, unadjusted data for all insurers combined.

Table 1 Allowed Charges - Raw Data

	Allowed Charges for All Claims	Allowed Charges for MH Claims	% MH Allowed
1999	\$882,687,636	\$7,585,120	0.86%
2000	1,034,989,015	8,207,664	0.79%
2001	1,223,234,901	10,329,265	0.84%
2002	1,376,877,307	12,313,097	0.89%
1999- 2001	\$3,140,911,552	\$26,122,049	0.83%

One of the large insurers carved out a capitation agreement for mental illness in 2000 and 2001. This artificially suppressed allowed mental health charges. Table 2 and subsequent table remove this aberration and results show a different pattern, one where the percentage of allowed mental health actually decreases in 2002 compared to 2001 but is virtually unchanged from the full period 1999 through 2001.

Table 2 Allowed Charges - Adjusted for Capitation

	Allowed Charges for All Claims	Allowed Charges for MH Claims	% MH Allowed
1999	\$773,170,984	\$6,436,170	0.83%
2000	927,560,510	7,488,952	0.81%
2001	1,068,836,997	9,486,168	0.89%
2002	1,198,304,864	10,065,583	0.84%
1999- 2001	\$2,769,568,491	\$23,411,290	0.85%

Table 3 shows the same information as Table 2 with similar results except that 2002 has the lowest percentage of mental health allowed charges of any year.

Table 3 Large Plans Only - Adjusted for Capitation

	Allowed Charges for All Claims	Allowed Charges for MH Claims	% MH Allowed
1999	\$584,625,493	\$5,259,446	0.90%
2000	735,700,440	6,492,659	0.88%
2001	903,812,314	8,129,993	0.90%
2002	1,087,262,508	9,104,507	0.84%
1999- 2001	\$2,224,138,247	\$19,882,098	0.89%

Several problems surfaced in comparing plan types. Some insurers did not split data by plan type or submitted some as unclassified. This makes up about 12% of the total. Secondly, we found that the indemnity classification has shrunk to just over 2% of the total and had widely varying results year to year from changes in insurer's offerings. Thirdly, we found that HMO and POS data were not always reported consistently. Some POS plans were reported as HMO, for example. We thought a combination of HMO and POS was more meaningful (certainly more stable) in as much as POS plans are essentially HMOs with an additional option.

Table 4 shows that PPO allowed mental health charges make up a greater percentage of total allowed charges than the corresponding HMO charges. The patterns over time are similar, however. It must be noted that we are examining small percentages and changes, no where does the mental health allowed charges reach 1% of the total. I'm not sure why the PPO percentage is higher. It may have to do with the PPO demographics being generally older. Alternatively, it may involve network contracts and their changes.

Table 4 Plan Type Comparison

PPO	Allowed Charges for All Claims	Allowed Charges for MH Claims	% MH Allowed
1999	\$392,221,925	\$3,776,023	0.96%
2000	547,161,526	4,832,148	0.88%
2001	752,327,396	7,169,110	0.95%
2002	915,284,086	8,178,884	0.89%
1999- 2001	\$1,691,710,847	\$15,777,281	0.93%
HMO/POS	Allowed Charges for All Claims	Allowed Charges for MH Claims	% MH Allowed
1999	\$177,219,693	\$1,386,507	0.78%
2000	275,261,986	1,958,854	0.71%
2001	222,200,601	1,504,152	0.68%
2002	193,377,651	1,172,453	0.61%
1999- 2001	\$674,682,280	\$4,849,513	0.72%

Interviews were conducted with the five largest current writers. All companies made coverage changes to meet the mandate. Four of the companies made explicit recognition of an expected cost increase. Their estimates ranged from .2% to .8% increase in annual claim costs. Actual results were not conclusive, three companies placed demographic and plan adjusted cost increases to be in the .2% to .4% range, one could determine no change, and one experienced a decrease. It should be noted that the plan design changes may have offset the mandate by a reduction in benefits elsewhere, a reduction in maximum benefits for example. Any such changes are unknown to me. From the perspective of the companies, little change was anticipated and little change was noted. Obviously, there was an additional cost of compliance, but no company noted that as being significant. All companies had premium increases due to medical trend and experience which were much larger than those resulting from the mandate.

It is difficult to determine any cause and effect here because the changes observed and illustrated in the above Tables may more probably be from other reasons previously mentioned, such as plan design changes, market composition, and underwriting.

My conclusion is that there is no evidence that the mental health mandate discussed here had any meaningful impact on Kansas healthcare cost in aggregate.

Respectively submitted,

Gene A. Blobaum, FSA, MAAA
Consulting Actuary

Year	Plan Type	Claimant Count	Total Charge for All Claims	Allowed Charge for All Claims	Paid Charge for All Claims	Claimant Count	Total Charge for MH Claims	Allowed Charge for MH Claims	Paid Charge for MH Claims	Avg PdChg per Claim	Avg MH PdChg per Claim	Member Count	Avg MH PdChg per Member	Avg PdChg per Mbr	% MH Cost
1999		16947	\$13,854,315	\$10,224,568	\$621,077,471	1054	\$148,184	\$113,806	\$6,140,444						
1999	1											17503.816			
1999	2											20404.405			
		16947	\$13,854,315	\$10,224,568	\$621,077,471	1054	\$148,184	\$113,806	\$6,140,444	\$36,648.23	\$5,825.85	37908.222	\$161.98	\$16,383.71	0.99%
2000		19706	\$3,769,077	\$2,239,993	\$1,793,525,999	615	\$87,501	\$39,177	\$8,268,938						
	1														
	2														
		19706	\$3,769,077	\$2,239,993	\$1,793,525,999	615	\$87,501	\$39,177	\$8,268,938	\$91,014.21	\$13,445.43	0	\$0.00	\$0.00	0.46%
2001		3444	\$3,292,272	\$2,167,268	\$1,651,877	100	\$72,252	\$39,771	\$27,535						
	1	7110	\$5,113,640	\$4,272,278	\$3,174,205	88	\$12,378	\$10,189	\$6,299			4064.912			
	2	5200	\$14,068,766	\$8,634,878	\$6,588,595	568	\$212,935	\$135,747	\$103,428			3193.082			
		15754	\$22,474,678	\$15,074,424	\$11,414,677	756	\$297,565	\$185,707	\$137,262	\$724.56	\$181.56	7257.995	\$18.91	\$1,572.70	1.20%
2002		3230	\$2,529,479	\$1,712,985	\$1,284,397	67	\$32,989	\$18,736	\$13,527						
	1	6453	\$4,744,123	\$3,904,939	\$2,994,536	60	\$12,864	\$11,523	\$5,527			7381.822			
	2	9250	\$23,615,890	\$16,310,230	\$12,647,791	1627	\$343,456	\$257,380	\$186,985			7948.197			
		18933	\$30,889,492	\$21,928,154	\$16,926,724	1754	\$389,309	\$287,639	\$206,039	\$894.03	\$117.47	15330.019	\$13.44	\$1,104.16	1.22%

Year	Plan Type	Claimant Count	Total Charge for All Claims	Allowed Charge for All Claims	Paid Charge for All Claims	Freq of MH Claims	Total Charge for MH Claims	Allowed Charge for MH Claims	Paid Charge for MH Claims	Avg PdChg per Claim	Avg MH PdChg per Claim	Member Count	Avg MH PdChg per Member	Avg PdChg per Mbr	% MH Cost
1999		4306	\$6,018,560	\$4,020,803	\$3,167,494	295	\$110,128	\$67,648	\$41,559						
	0	213	\$96,128	\$63,006	\$42,266	0	\$0	\$0	\$0			646.466			
	1		\$382,928	\$329,712	\$202,816	5	\$353	\$230	\$26			543.384			
	2		\$1,571,261	\$993,865	\$747,977	50	\$8,789	\$6,855	\$3,604			2619.408			
	4	63	\$360,301	\$192,626	\$170,912	15	\$1,965	\$1,292	\$558			185.405			
		4582	\$8,429,178	\$5,600,012	\$4,331,465	365	\$121,235	\$76,025	\$45,747	\$945.32	\$125.33	3994.663	\$11.45	\$1,084.31	1.06%
2000		5,231	\$7,716,992	\$5,686,883	\$4,688,402	184	\$60,563	\$44,280	\$29,035						
	1	5,264	\$40,095	\$37,179	\$23,487	0	\$0	\$0	\$0			49.419			
	2	9,418	\$9,095,707	\$6,516,233	\$4,918,507	278	\$73,806	\$55,140	\$31,264			5598.737			
	4	164	\$449,761	\$316,250	\$285,463	17	\$1,930	\$1,464	\$478			236.948			
		20077	\$17,302,555	\$12,556,545	\$9,915,859	479	\$136,299	\$100,884	\$60,777	\$493.89	\$126.88	5885.104	\$10.33	\$1,684.91	0.61%
2001		2,331	\$3,322,613	\$2,285,017	\$1,843,328	32	\$9,585	\$7,650	\$4,374						
	1	55	\$97,994	\$78,687	\$44,057	4	\$310	\$310	\$209			82.211			
	2	5,368	\$17,161,370	\$12,094,373	\$9,320,838	442	\$148,752	\$101,814	\$65,045			6169.315			
	4	5	\$19,643	\$9,321	\$7,261	0	\$0	\$0	\$0			7.000			
		7759	\$20,601,620	\$14,467,398	\$11,215,484	478	\$158,647	\$109,774	\$69,628	\$1,445.48	\$145.67	6258.526	\$11.13	\$1,792.03	0.62%
2002		1,135	\$2,160,755	\$1,641,443	\$1,477,766	12	\$1,781	\$1,192	\$623						
	1	42	\$117,784	\$99,989	\$63,923	0	\$0	\$0	\$0			41.474			
	2	4,783	\$13,724,361	\$9,604,112	\$7,237,695	491	\$124,497	\$80,575	\$51,817			4,298.145			
	4	0	\$0	\$0	\$0	0	\$0	\$0	\$0						
		5960	\$16,002,900	\$11,345,544	\$8,779,384	503	\$126,278	\$81,767	\$52,440	\$1,473.05	\$104.25	4339.62	\$12.08	\$2,023.08	0.60%

Year	Plan Type	Claimant Count	Total Charge for All Claims	Allowed Charge for All Claims	Paid Charge for All Claims	Claimant Count	Total Charge for MH Claims	Allowed Charge for MH Claims	Paid Charge for MH Claims	Avg PdChg per Claim	Avg MH PdChg per Claim	Member Count	Avg MH PdChg per Member	Avg PdChg per Mbr	% MH Cost
2001		181	\$345,380	\$434,681	\$157,936	6	\$948	\$1,038	\$361						
2001	1	2,345	\$5,046,858	\$7,876,444	\$3,028,622	337	\$78,218	\$62,134	\$36,084			1595.430			
2001	2	10,446	\$30,731,851	\$48,788,660	\$18,783,698	1146	\$231,535	\$1,724,392	\$135,074			8390.540			
2001	4	55	\$125,668	\$63,342	\$68,671	18	\$7,197	\$5,360	\$4,133			39.964			
		13027	\$36,249,757	\$57,163,126	\$22,038,926	1507	\$317,898	\$1,792,924	\$175,651	\$1,691.79	\$116.56	10025.934	\$17.52	\$2,198.19	0.80%
2002		109	\$127,693	\$90,102	\$72,519	10	\$6,393	\$2,612	\$2,439						
2002	1	889	\$2,117,595	\$3,357,858	\$1,174,158	107	\$25,163	\$22,939	\$15,961			649.663			
2002	2	8431	\$26,445,279	\$38,335,348	\$15,625,145	1059	\$289,601	\$265,456	\$133,404			9532.208			
2002	4	9	\$15,188	\$10,889	\$10,002							10.496			
		9438	\$28,705,756	\$41,794,197	\$16,881,823	1176	\$321,157	\$291,007	\$151,805	\$1,788.71	\$129.09	10192.367	\$14.89	\$1,656.32	0.90%
2003		37	\$52,015	\$39,820	\$36,413	1	\$100	\$120	\$80						
2003	1	235	\$530,133	\$450,679	\$260,515	16	\$2,113	\$2,133	\$1,406			157.663			
2003	2	5490	\$8,501,874	\$11,983,418	\$4,830,977	438	\$71,721	\$71,513	\$47,044			3699.159			
2003	4	1	\$512	\$551	\$370							0.162			
		5763	\$9,084,533	\$12,474,468	\$5,128,275	455	\$73,934	\$73,767	\$48,530	\$889.86	\$106.66	3856.984	\$12.58	\$1,329.61	0.95%

Year	Plan Type	Claimant Count	Total Charge for All Claims	Allowed Charge for All Claims	Paid Charge for All Claims	Freq of MH Claims	Total Charge for MH Claims	Allowed Charge for MH Claims	Paid Charge for MH Claims	Avg PdChg per Claim	Avg MH PdChg per Claim	Member Count	Avg MH PdChg per Member	Avg PdChg per Mbr	% MH Cost
1999		70158	\$171,548,292	\$162,069,913	\$71,663,102	5210	\$954,796	\$886,835	\$358,711						
	1	22	\$4,384	\$3,389	\$3,181	0	\$0	\$0	\$0			81390.786			
	2	29	\$13,808	\$8,169	\$7,477	0	\$0	\$0	\$0			45804.019			
	3	0	\$0	\$0	\$0	0	\$0	\$0	\$0			70.855			
		70209	\$171,566,484	\$162,081,471	\$71,673,760	5210	\$954,796	\$886,835	\$358,711	\$1,020.86	\$68.85	#####	\$2.82	\$563.18	0.50%
2000		15890	\$29,591,400	\$29,241,437	\$12,313,571	390	\$73,354	\$72,801	\$40,133			3.490			
	1	2849	\$15,441,856	\$15,441,840	\$5,807,984	65	\$13,373	\$13,373	\$6,190			2154.090			
	2	699	\$2,351,946	\$2,337,775	\$1,279,168	77	\$15,949	\$13,964	\$8,889			452.764			
	3											0.501			
	4	16210	\$50,385,309	\$50,111,013	\$20,557,946	692	\$148,472	\$148,471	\$65,363			9962.299			
		35648	\$97,770,511	\$97,132,065	\$39,958,669	1224	\$251,148	\$248,609	\$120,575	\$1,120.92	\$98.51	12573.145	\$9.59	\$3,178.10	0.30%
2001		688	\$727,475	\$641,671	\$308,219	56	\$7,354	\$5,403	\$2,796						
	1	262	\$2,525,624	\$2,525,636	\$582,896	11	\$3,105	\$3,105	\$186			430.247			
	2	183	\$629,580	\$629,585	\$272,027	35	\$4,473	\$4,473	\$2,546			123.090			
	4	2895	\$6,681,371	\$6,627,156	\$3,362,217	347	\$68,992	\$68,992	\$30,915			1779.644			
		4028	\$10,564,050	\$10,424,048	\$4,525,359	449	\$83,924	\$81,973	\$36,443	\$1,123.48	\$81.16	2332.981	\$15.62	\$1,939.73	0.81%
2002		60	\$7,168	\$3,786	\$2,315										
	1	60	\$0	\$0	\$0	0	\$0	\$0	\$0			362.781			
	2		\$0	\$0	\$0	0	\$0	\$0	\$0			17.178			
	4	55	\$78,169	\$78,166	\$14,167	0	\$0	\$0	\$0			232.063			
		175	\$85,337	\$81,952	\$16,482	0	\$0	\$0	\$0	\$94.18	#DIV/0!	612.022	\$0.00	\$26.93	0.00%

Year	Plan Type	Claimant Count	Total Charge for All Claims	Allowed Charge for All Claims	Paid Charge for All Claims	Freq of MH Claims	Total Charge for MH Claims	Allowed Charge for MH Claims	Paid Charge for MH Claims	Avg PdChg per Claim	Avg MH PdChg per Claim	Member Count	Avg MH PdChg per Member	Avg PdChg per Mbr	% MH Cost
2000		5988	\$9,156,514	\$9,058,847	\$4,991,326	337	\$70,094	\$70,094	\$30,708						
	3	6710	\$17,583,285	\$17,358,572	\$8,565,968	624	\$105,066	\$105,066	\$66,876			4086.573			
	4	2	\$476	\$477	\$381	0	\$0	\$0	\$0			1.573			
		12700	\$26,740,275	\$26,417,896	\$13,557,675	961	\$175,160	\$175,160	\$97,584	\$1,067.53	\$101.54	4088.145	\$23.87	\$3,316.34	0.72%
2001		322	\$379,336	\$377,176	\$203,678	7	\$695	\$695	\$355						
	3	2707	\$10,247,746	\$10,078,606	\$4,840,322	335	\$42,287	\$42,287	\$20,443			1766.444			
	4	1	\$58	\$58	\$40	0	\$0	\$0	\$0			0.249			
		3030	\$10,627,140	\$10,455,840	\$5,044,040	342	\$42,982	\$42,982	\$20,798	\$1,664.70	\$60.81	1766.693	\$11.77	\$2,855.07	0.41%
2002		12	\$2,733	\$2,733	\$2,229										
	3	25	\$101,145	\$101,144	\$38,824							84.126			
	4														
		37	\$103,878	\$103,877	\$41,053	0	\$0	\$0	\$0	\$1,109.54	\$0.00	84.126	\$0.00	\$487.99	0.00%

Year	Plan Type	Claimant Count	Total Charge for All Claims	Allowed Charge for All Claims	Paid Charge for All Claims	Freq of MH Claims	Total Charge for MH Claims	Allowed Charge for MH Claims	Paid Charge for MH Claims	Avg PdChg per Claim	Avg MH PdChg per Claim	Member Count	Avg MH PdChg per Member	Avg PdChg per Mbr	% MH Cost
2001		1543	\$15,832,732	\$5,717,905	\$2,220,012	146	\$109,560	\$51,123	\$20,666						
2001	1											230.247			
2001	2											125.534			
		1543	\$15,832,732	\$5,717,905	\$2,220,012	146	\$109,560	\$51,123	\$20,666	\$1,438.76	\$141.55	355.781	\$58.09	\$6,239.83	0.93%
2002		1181	\$14,905,763	\$4,479,254	\$1,470,115	106	\$161,032	\$26,065	\$10,528						
2002	1											19.564			
2002	2											14.838			
		1181	\$14,905,763	\$4,479,254	\$1,470,115	106	\$161,032	\$26,065	\$10,528	\$1,244.80	\$99.32	34.403	\$306.03	\$42,732.49	0.72%

Year	Plan Type	Claimant Count	Total Charge for All Claims	Allowed Charge for All Claims	Paid Charge for All Claims	Freq of MH Claims	Total Charge for MH Claims	Allowed Charge for MH Claims	Paid Charge for MH Claims	Avg PdChg per Claim	Avg MH PdChg per Claim	Member Count	Avg MH PdChg per Member	Avg PdChg per Mbr	% MH Cost
2000		429	\$548,265	\$358,562	\$277,569	22	\$19,246	\$9,292	\$8,773						
2000	1	611	\$2,042,801	\$1,909,839	\$1,459,956	76	\$27,976	\$19,686	\$19,219			708.42466			
2000	2	5282	\$22,850,404	\$14,798,532	\$12,841,174	542	\$133,503	\$46,274	\$56,296			5567.4959			
		6322	\$25,441,470	\$17,066,932	\$14,578,699	640	\$180,725	\$75,252	\$84,287	\$2,306.03	\$131.70	6275.92	\$13.43	\$2,322.96	0.58%
2001		334	\$133,918	\$105,133	\$68,296	6	\$601	\$0	\$391						
2001	1	350	\$1,763,373	\$1,491,913	\$1,231,069	55	\$10,470	\$6,045	\$5,642			351.904			
2001	2	4062	\$15,393,253	\$9,076,779	\$7,506,121	565	\$378,997	\$246,997	\$199,004			3999.258			
		4746	\$17,290,544	\$10,673,825	\$8,805,487	626	\$390,068	\$253,042	\$205,038	\$1,855.35	\$327.54	4351.162	\$47.12	\$2,023.71	2.33%
2002		1298	\$899,502	\$486,104	\$333,192	43	\$5,070	\$1,091	\$2,230						
2002	1	218	\$854,181	\$678,387	\$499,810	21	\$2,250	\$295	\$1,080			234.879			
2002	2	2997	\$10,934,293	\$6,023,452	\$4,923,108	299	\$85,081	\$20,820	\$26,068			3095.452			
		4513	\$12,687,976	\$7,187,943	\$5,756,109	363	\$92,401	\$22,205	\$29,377	\$1,275.45	\$80.93	3330.332	\$8.82	\$1,728.39	0.51%
2003		56	\$7,380	\$5,767	\$3,765										
2003	1	84	\$32,409	\$27,750	\$13,013	7	\$815.00	\$0.00	\$454.25			46.679			
2003	2	1474	\$584,656	\$390,979	\$278,605	47	\$5,188.75	\$272.62	\$2,260.78			766.605			
		1614	\$624,446	\$424,496	\$295,383	54	\$6,004	\$273	\$2,715	\$183.01	\$50.28	813.285	\$3.34	\$363.20	0.92%

Year	Plan Type	Claimant Count	Total Charge for All Claims	Allowed Charge for All Claims	Paid Charge for All Claims	Freq of MH Claims	Total Charge for MH Claims	Allowed Charge for MH Claims	Paid Charge for MH Claims	Avg PdChg per Claim	Avg MH PdChg per Claim	Member Count	Avg MH PdChg per Member	Avg PdChg per Mbr	% MH Cost
1999		14331	\$6,134,036	\$3,733,063	\$2,403,908	249	\$107,120	\$27,988	\$25,063						
	1	12	\$11,528	\$9,463	\$7,399	1	\$60	\$60	\$60			9.529			
	2	5563	\$9,526,548	\$4,121,088	\$3,353,511	717	\$180,842	\$78,434	\$62,211			5544.578			
	3	20650	\$37,515,689	\$15,013,596	\$13,959,488	4072	\$817,666	\$312,685	\$274,360			23909.945			
		40556	\$53,187,801	\$22,877,210	\$19,724,306	5039	\$1,105,688	\$419,167	\$361,694	\$486.35	\$71.78	29464.052	\$12.28	\$669.44	1.83%
2000		11449	\$15,875,466	\$5,524,457	\$5,012,657	992	\$173,681	\$75,250	\$64,772			1275.921			
	1	33	\$42,683	\$40,840	\$28,958	8	\$604	\$604	\$360			28.526			
	2	9306	\$23,776,174	\$11,177,281	\$9,069,028	1352	\$370,737	\$168,025	\$138,512			9324.940			
	3	24893	\$75,032,052	\$33,778,335	\$29,941,960	4947	\$1,309,750	\$486,313	\$432,255			22656.397			
		45681	\$114,726,375	\$50,520,913	\$44,052,603	7299	\$1,854,772	\$730,192	\$635,899	\$964.35	\$87.12	33285.784	\$19.10	\$1,323.47	1.44%
2001		28611	\$40,368,271	\$23,349,716	\$18,565,528	2320	\$350,276	\$187,967	\$163,343			7106.482			
	1	24	\$19,301	\$17,038	\$11,914	0	\$0	\$0	\$0			9.504			
	2	8445	\$18,268,765	\$7,337,253	\$6,413,681	1389	\$216,974	\$120,178	\$94,120			4060.173			
	3	21163	\$51,680,655	\$19,435,070	\$18,106,062	4166	\$561,546	\$321,410	\$272,421			10382.345			
		58243	\$110,336,992	\$50,139,077	\$43,097,185	7875	\$1,128,796	\$629,555	\$529,884	\$739.95	\$67.29	21558.504	\$24.58	\$1,999.08	1.23%
2002		18259	\$40,755,065	\$21,339,127	\$17,560,766	1576	\$441,189	\$166,824	\$138,452			9618.907			
	1	9	\$10,925	\$9,916	\$6,854	0	\$0	\$0	\$0			35.674			
	2	10818	\$31,626,762	\$13,939,373	\$11,509,940	2057	\$599,868	\$242,843	\$191,323			15063.019			
	3	10078	\$28,646,742	\$11,379,508	\$10,411,195	1730	\$612,689	\$163,789	\$145,481			22787.721			
		39164	\$101,039,494	\$46,667,924	\$39,488,755	5363	\$1,653,746	\$573,456	\$475,256	\$1,008.29	\$88.62	47505.321	\$10.00	\$831.25	1.20%

Year	Plan Type	Claimant Count	Total Charge for All Claims	Allowed Charge for All Claims	Paid Charge for All Claims	Freq of MH Claims	Total Charge for MH Claims	Allowed Charge for MH Claims	Paid Charge for MH Claims	Avg PdChg per Claim	Avg MH PdChg per Claim	Member Count	Avg MH PdChg per Member	Avg PdChg per Mbr	% MH Cost
1999		3144	\$4,172,985	\$3,279,218	\$2,411,295	225	\$80,437	\$63,161	\$30,130						
	1	3738	\$7,217,788	\$6,003,801	\$4,386,997	269	\$89,506	\$59,840	\$46,296			3250.099			
	2	1462	\$3,900,081	\$2,862,105	\$2,112,775	97	\$24,419	\$18,594	\$12,012			1209.608			
		8344	\$15,290,854	\$12,145,124	\$8,911,067	591	\$194,362	\$141,595	\$88,438	\$1,067.96	\$149.64	4459.707	\$19.83	\$1,998.13	0.99%
2000		914	\$898,793	\$661,016	\$456,421	19	\$2,834	\$2,214	\$1,436						
	1	5048	\$9,116,487	\$6,924,237	\$4,811,679	357	\$100,885	\$86,042	\$65,009			4295.140			
	2	2285	\$6,109,332	\$4,073,062	\$2,974,631	175	\$38,904	\$33,782	\$24,516			1840.197			
		8247	\$16,124,612	\$11,658,315	\$8,242,731	551	\$142,623	\$122,038	\$90,961	\$999.48	\$165.08	6135.337	\$14.83	\$1,343.48	1.10%
2001		1166	\$1,328,537	\$949,624	\$676,640	29	\$9,559	\$8,723	\$6,005						
	1	4234	\$8,580,532	\$6,199,613	\$4,202,296	329	\$109,173	\$63,769	\$40,357			3968.652			
	2	1907	\$5,093,445	\$3,245,857	\$2,180,338	204	\$26,771	\$22,231	\$11,949			1543.063			
		7307	\$15,002,514	\$10,395,094	\$7,059,274	562	\$145,503	\$94,723	\$58,311	\$966.10	\$103.76	5511.715	\$10.58	\$1,280.78	0.83%
2002		3040	\$1,593,298	\$1,161,627	\$544,316	52	\$6,593	\$5,932	\$3,981						
	1	5230	\$7,509,966	\$5,333,097	\$3,167,661	309	\$42,852	\$34,227	\$17,869			2699.562			
	2	2620	\$6,419,883	\$4,283,054	\$2,845,843	165	\$24,143	\$21,034	\$9,771			1280.693			
		10890	\$15,523,147	\$10,777,778	\$6,557,820	526	\$73,588	\$61,193	\$31,621	\$602.19	\$60.12	3980.255	\$7.94	\$1,647.59	0.48%

Year	Plan Type	Claimant Count	Total Charge for All Claims	Allowed Charge for All Claims	Paid Charge for All Claims	Freq of MH Claims	Total Charge for MH Claims	Allowed Charge for MH Claims	Paid Charge for MH Claims	Avg PdChg per Claim	Avg MH PdChg per Claim	Member Count	Avg MH PdChg per Member	Avg PdChg per Mbr	% MH Cost
1999		592	\$433,227	\$284,541	\$215,486	8	\$2,179	\$994	\$737						
	1	3189	\$5,664,021	\$3,790,609	\$2,868,612	246	\$47,519	\$41,938	\$26,249			2839.575			
	2	2486	\$6,883,611	\$4,635,143	\$3,816,987	207	\$34,135	\$28,950	\$18,997			2213.556			
	4	11	\$13,935	\$8,591	\$7,616	5	\$475	\$387	\$274			10.499			
		6278	\$12,994,794	\$8,718,884	\$6,908,701	466	\$84,308	\$72,269	\$46,257	\$1,100.46	\$99.26	5063.630	\$9.14	\$1,364.38	0.67%
2000		419	\$466,082	\$335,219	\$271,556	13	\$7,728	\$3,261	\$2,595						
	1	2528	\$5,369,230	\$3,497,403	\$2,714,550	265	\$53,788	\$43,348	\$32,146			2258.274			
	2	2264	\$7,941,697	\$5,041,610	\$4,235,233	178	\$51,237	\$39,677	\$24,866			1972.011			
	4	2	\$1,948	\$1,607	\$1,072	0	\$0	\$0	\$0			1.373			
		5213	\$13,778,957	\$8,875,839	\$7,222,411	456	\$112,753	\$86,286	\$59,607	\$1,385.46	\$130.72	4231.658	\$14.09	\$1,706.76	0.83%
2001		273	\$229,730	\$132,071	\$91,335	4	\$495	\$311	\$298						
	1	2487	\$6,740,442	\$4,451,171	\$3,592,010	278	\$54,458	\$40,730	\$24,870			2115.285			
	2	2307	\$7,842,559	\$5,185,318	\$4,290,798	340	\$52,746	\$39,560	\$22,841			1931.989			
		5067	\$14,812,731	\$9,768,560	\$7,974,143	622	\$107,699	\$80,601	\$48,009	\$1,573.74	\$77.18	4047.274	\$11.86	\$1,970.25	0.60%
2002		825	\$457,768	\$305,927	\$215,505	23	\$5,049	\$4,272	\$1,776						
	1	1494	\$3,228,360	\$2,163,239	\$1,613,244	179	\$31,141	\$22,147	\$10,677			753.463			
	2	1325	\$4,220,716	\$2,507,028	\$1,944,029	126	\$21,617	\$18,946	\$12,439			678.178			
		3644	\$7,906,844	\$4,976,194	\$3,772,778	328	\$57,807	\$45,365	\$24,892	\$1,035.34	\$75.89	1431.641	\$17.39	\$2,635.28	0.66%

Year	Plan Type	Claimant Count	Total Charge for All Claims	Allowed Charge for All Claims	Paid Charge for All Claims	Freq of MH Claims	Total Charge for MH Claims	Allowed Charge for MH Claims	Paid Charge for MH Claims	Avg PdChg per Claim	Avg MH PdChg per Claim	Member Count	Avg MH PdChg per Member	Avg PdChg per Mbr	% MH Cost
2001															
2001	1	6	\$518	\$240	\$228							8.397			
2001	2	56	\$8,179	\$5,412	\$2,245							49.321			
		62	\$8,697	\$5,652	\$2,472	0	\$0	\$0	\$0	\$39.88	\$0.00	57.718	\$0.00	\$42.84	0.00%
2002															
2002	1	4	186	146	126							2.321			
2002	2	55	6324.59	5418.5	1229.99							40.386			
		59	\$6,511	\$5,565	\$1,356	0	\$0	\$0	\$0	\$22.98	\$0.00	42.707	\$0.00	\$31.75	0.00%

Year	Plan Type	Claimant Count	Total Charge for All Claims	Allowed Charge for All Claims	Paid Charge for All Claims	Freq of MH Claims	Total Charge for MH Claims	Allowed Charge for MH Claims	Paid Charge for MH Claims	Avg PdChg per Claim	Avg MH PdChg per Claim	Member Count	Avg MH PdChg per Member	Avg PdChg per Mbr	% MH Cost
2001		9	\$3,593	\$3,173	\$1,959							1			
2001	1	56	\$62,580	\$38,674	\$24,173	2	\$415	\$168	\$0			30			
2001	2	7322	\$18,294,485	\$11,650,976	\$8,576,168	729	\$192,017	\$107,256	\$64,587			4717			
		7387	\$18,360,658	\$11,692,823	\$8,602,300	731	\$192,432	\$107,424	\$64,587	\$1,164.52	\$88.35	4748	\$13.60	\$1,811.75	0.75%
2002		8	\$10,218	\$3,508	\$841										
2002	1	12	\$36,363	\$25,876	\$20,991	2	\$270	\$114	\$0			14.726			
2002	2	5696	\$13,533,851	\$8,332,515	\$6,222,391	625	\$250,611	\$138,549	\$90,093			4466.860			
		5716	\$13,580,432	\$8,361,899	\$6,244,223	627	\$250,881	\$138,663	\$90,093	\$1,092.41	\$143.69	4481.586	\$20.10	\$1,393.31	1.44%

Year	Plan Type	Claimant Count	Total Charge for All Claims	Allowed Charge for All Claims	Paid Charge for All Claims	Freq of MH Claims	Total Charge for MH Claims	Allowed Charge for MH Claims	Paid Charge for MH Claims	Avg PdChg per Claim	Avg MH PdChg per Claim	Member Count	Avg MH PdChg per Member	Avg PdChg per Mbr	% MH Cost
1999		2328	\$836,669	\$511,787	\$375,177	56	\$8,042	\$4,340	\$2,965						
	1	362	\$745,921	\$607,924	\$487,699	25	\$12,372	\$6,085	\$3,624			375.189			
	2	19756	\$36,941,528	\$24,439,274	\$19,410,587	1576	\$398,852	\$301,054	\$237,764			20039.205			
	3	1	\$17	\$17	\$7							2.671			
		22447	\$38,524,135	\$25,559,002	\$20,273,470	1,657	\$419,266	\$311,479	\$244,353	\$903.17	\$147.47	20417.066	\$11.97	\$992.97	1.21%
2000		1946	\$1,041,804	\$672,890	\$533,601	33	\$12,484	\$8,726	\$5,915						
	1	298	\$797,765	\$659,367	\$541,733	21	\$4,774	\$3,228	\$2,014			323.718			
	2	16367	\$34,922,193	\$22,404,499	\$17,523,105	1590	\$483,844	\$294,271	\$233,884			16794.660			
		18611	\$36,761,762	\$23,736,756	\$18,598,439	1,644	\$501,102	\$306,225	\$241,813	\$999.33	\$147.09	17118.378	\$14.13	\$1,086.46	1.30%
2001		1359	\$623,888	\$404,993	\$263,010	27	\$2,791	\$2,039	\$1,404						
	1	1344	\$940,335	\$728,159	\$502,275	6	\$1,580	\$1,380	\$846			1359.863			
	2	12926	\$29,343,100	\$18,592,444	\$14,294,197	1259	\$355,209	\$252,901	\$207,379			12118.225			
		15629	\$30,907,323	\$19,725,596	\$15,059,482	1,292	\$359,580	\$256,320	\$209,629	\$963.56	\$162.25	13478.088	\$15.55	\$1,117.33	1.39%
2002		7253	\$8,694,766	\$5,178,584	\$4,021,798	311	\$100,343	\$44,915	\$30,968						
	1	1745	\$1,147,142	\$980,053	\$641,802	2	\$198	\$198	\$170			2479.296			
	2	11026	\$24,017,559	\$15,374,626	\$11,521,030	1061	\$360,976	\$205,021	\$149,637			11442.712			
		20024	\$33,859,467	\$21,533,263	\$16,184,630	1,374	\$461,517	\$250,134	\$180,775	\$808.26	\$131.57	13922.008	\$12.98	\$1,162.52	1.12%
2003		1,582	\$1,229,187	\$844,381	\$592,811	58	\$34,189	\$13,787	\$9,401						
	1	1,398	\$848,359	\$705,202	\$500,446	7	\$949	\$844	\$172			1665.340			
	2	10,865	\$21,435,338	\$13,952,945	\$10,247,900	785	\$262,631	\$152,221	\$98,596			9162.090			
		13845	\$23,512,884	\$15,502,528	\$11,341,157	\$850	\$297,769	\$166,852	\$108,169	\$819.15	\$127.26	10827.430	\$9.99	\$1,047.45	0.95%

Year	Plan Type	Claimant Count	Total Charge for All Claims	Allowed Charge for All Claims	Paid Charge for All Claims	Freq of MH Claims	Total Charge for MH Claims	Allowed Charge for MH Claims	Paid Charge for MH Claims	Avg PdChg per Claim	Avg MH PdChg per Claim	Member Count	Avg MH PdChg per Member	Avg PdChg per Mbr	% MH Cost
2001		4,167	\$6,473,701	\$5,642,931	\$3,504,022	310	\$125,562	\$102,636	\$55,092						
2001	1	215	\$477,819	\$353,705	\$269,495	10	\$3,148	\$3,114	\$1,628			301.973			
2001	2	5,168	\$13,820,462	\$12,155,842	\$8,286,812	290	\$80,284	\$72,291	\$40,183			3599.425			
		9550	\$20,771,982	\$18,152,478	\$12,060,330	610	\$208,994	\$178,041	\$96,903	\$1,262.86	\$158.86	3901.397	\$24.84	\$3,091.28	0.80%
2002		3139	\$4,872,463	\$2,969,102	\$2,495,794	175	\$43,378	\$17,445	\$12,486						
2002	1	11	\$12,391	\$3,472	\$2,103							37.575			
2002	2	3123	\$10,085,052	\$6,213,414	\$5,383,117	270	\$42,051	\$31,012	\$20,558			4674.860			
		6273	\$14,969,906	\$9,185,988	\$7,881,015	445	\$85,429	\$48,457	\$33,045	\$1,256.34	\$74.26	4712.436	\$7.01	\$1,672.39	0.42%

Year	Plan Type	Claimant Count	Total Charge for All Claims	Allowed Charge for All Claims	Paid Charge for All Claims	Freq of MH Claims	Total Charge for MH Claims	Allowed Charge for MH Claims	Paid Charge for MH Claims	Avg PdChg per Claim	Avg MH PdChg per Claim	Member Count	Avg MH PdChg per Member	Avg PdChg per Mbr	% MH Cost
1999		16572	\$38,737,938	\$17,710,978	\$13,338,492	774	\$312,471	\$113,003	\$84,820						
	2	9063	\$25,374,678	\$14,359,028	\$10,337,518	1286	\$317,204	\$190,966	\$133,402			9267.545			
	3	16995	\$77,736,824	\$32,052,898	\$26,340,927	483	\$249,391	\$58,870	\$54,796			15709.712			
	4	89	\$589,346	\$400,932	\$274,051	11	\$886	\$627	\$347			101.000			
		42719	\$142,438,786	\$64,523,836	\$50,290,988	2554	\$879,952	\$363,466	\$273,365	\$1,177.25	\$107.03	25078.258	\$10.90	\$2,005.36	0.54%
2000		11202	\$39,235,940	\$15,783,116	\$11,322,607	751	\$318,297	\$72,538	\$57,316						
	2	18293	\$61,148,359	\$31,457,565	\$21,028,631	3113	\$783,437	\$425,795	\$296,208			19056			
	3	20284	\$109,513,968	\$42,008,517	\$34,130,743	750	\$339,984	\$74,781	\$64,813			20100			
	4	226	\$224,150	\$135,582	\$94,360	5	\$314	\$237	\$167			322			
		50005	\$210,122,416	\$89,384,780	\$66,576,341	4619	\$1,442,032	\$573,351	\$418,504	\$1,331.39	\$90.60	39478.5	\$10.60	\$1,686.39	0.63%
2001		7506	\$14,465,058.61	\$6,272,066.28	\$4,747,115.83	343	\$68,910.28	\$42,214.85	\$23,508.45						
	2	26568	\$94,157,478.60	\$49,247,792.20	\$34,590,565.41	4036	\$1,249,629.94	\$660,291.06	\$521,816.68			25,544.142			
	3	25682	\$145,346,895.07	\$61,440,169.40	\$46,186,681.36	2814	\$692,125.35	\$441,252.49	\$52,512.34			24,654.562			
	4	132	\$203,980.63	\$120,587.25	\$78,092.89	13	\$1,480.00	\$1,213.10	\$1,087.00			204.499			
		59888	\$254,173,413	\$117,080,615	\$85,602,455	7206	\$2,012,146	\$1,144,971	\$598,924	\$1,429.38	\$83.11	50403.2	\$11.88	\$1,698.35	0.70%
2002		4515	\$2,709,358	\$1,658,747	\$1,191,409	63	\$8,738	\$6,657	\$3,371						
	2	34941	\$135,349,883	\$70,633,733	\$48,826,671	5735	\$1,693,344	\$909,194	\$678,873			29411.222			
	3	27156	\$147,300,650	\$66,258,283	\$47,617,719	4420	\$1,217,842	\$919,516	\$47,737			23762.079			
	4	81	\$35,918	\$26,010	\$16,270	0	\$0	\$0	\$0			78.016			
		66693	\$285,395,809	\$138,576,773	\$97,652,069	10218	\$2,919,924	\$1,835,367	\$729,981	\$1,464.20	\$71.44	53251.32	\$13.71	\$1,833.80	0.75%
2003		16938	\$17,222,187	\$6,571,107	\$4,825,913	579	\$170,632	\$96,839	\$42,435						
	2	34268	\$85,552,500	\$44,371,344	\$29,671,254	3900	\$949,884	\$550,203	\$375,589			24484.608			
	3	25300	\$82,520,050	\$36,973,221	\$27,402,648	2774	\$606,491	\$433,052	\$32,185			17892.353			
	4	133	\$190,036	\$86,378	\$65,003	0	\$0	\$0	\$0			103.518			
		76639	\$185,484,773	\$88,002,050	\$61,964,818	7253	\$1,727,007	\$1,080,094	\$450,209	\$808.53	\$62.07	42480.48	\$10.60	\$1,458.67	0.73%

Year	Plan Type	Claimant Count	Total Charge for All Claims	Allowed Charge for All Claims	Paid Charge for All Claims	Freq of MH Claims	Total Charge for MH Claims	Allowed Charge for MH Claims	Paid Charge for MH Claims	Avg PdChg per Claim	Avg MH PdChg per Claim	Member Count	Avg MH PdChg per Member	Avg PdChg per Mbr	% MH Cost
1999		2737	\$988,823	\$1,045,258	\$747,374										
	2	214890	\$439,987,798	\$318,222,917	\$256,040,478	18,407	\$4,118,114	\$2,920,532	\$2,195,989			226066.479			
	3	25934	\$51,331,877	\$28,362,903	\$27,375,552	2,345	\$415,799	\$29,667	\$26,192			26718.104			
	4	67978	\$149,243,376	\$101,188,130	\$82,700,837	7,801	\$1,563,306	\$953,312	\$735,467			67533.929			
		311539	\$641,551,874	\$448,819,208	\$366,864,241	28,553	\$6,097,219	\$3,903,511	\$2,957,648	\$1,177.59	\$103.58	320318.512	\$9.23	\$1,145.31	0.81%
2000		1661	\$711,328	\$753,922	\$551,534										
	2	243990	\$563,740,486	\$402,807,288	\$325,718,611	21,810	\$4,310,955	\$3,169,840	\$2,313,568			254915.477			
	3	22528	\$49,331,609	\$27,286,779	\$25,519,833	2,659	\$460,216	\$72,913	\$58,512			23889.425			
	4	63390	\$157,056,482	\$104,264,854	\$86,649,647	8,853	\$1,934,303	\$1,069,609	\$843,460			63066.274			
		331569	\$770,839,905	\$535,112,843	\$438,439,625	33,322	\$6,705,474	\$4,312,362	\$3,215,540	\$1,322.32	\$96.50	341871.175	\$9.41	\$1,282.47	0.73%
2001		1003	\$428,112	\$426,884	\$316,342										
	2	280083	\$734,794,281	\$513,637,008	\$416,152,105	27,311	\$5,717,152	\$4,227,933	\$3,122,094			285779.132			
	3	21103	\$53,159,515	\$30,032,843	\$27,744,013	2,765	\$482,872	\$97,921	\$75,217			21798.849			
	4	52749	\$137,701,116	\$94,393,449	\$77,911,254	6,834	\$1,283,947	\$856,377	\$664,363			51601.773			
		354938	\$926,083,024	\$638,490,184	\$522,123,714	36,910	\$7,483,971	\$5,182,231	\$3,861,674	\$1,471.03	\$104.62	359179.753	\$10.75	\$1,453.66	0.74%
2002		531	\$160,385	\$159,667	\$120,068										
	2	291134	\$901,716,071	\$614,613,819	\$497,033,089	31,121	\$6,169,406	\$4,589,153	\$3,450,884			296054.803			
	3	11797	\$30,693,239	\$16,692,850	\$15,635,699	1,204	\$254,739	\$46,801	\$34,636			11145.430			
	4	46993	\$148,017,092	\$98,830,801	\$80,862,470	6,405	\$1,273,111	\$842,598	\$621,363			46316.578			
		350455	\$1,080,586,787	\$730,297,137	\$593,651,326	38,730	\$7,697,256	\$5,478,552	\$4,106,883	\$1,693.94	\$106.04	353516.811	\$11.62	\$1,679.27	0.69%
2003		1	\$1,180	\$1,180	\$945										
	2	270426	\$753,084,958	\$491,674,098	\$384,397,597	24,442	\$4,915,142	\$3,700,719	\$2,751,740			221418.825			
	3	6908	\$19,797,023	\$10,957,633	\$10,072,333	732	\$153,309	\$47,951	\$37,446			5974.271			
	4	31972	\$83,951,753	\$53,783,801	\$43,291,300	3,922	\$732,012	\$469,664	\$323,741			23302.499			
		309307	\$856,834,914	\$556,416,712	\$437,762,175	29,096	\$5,800,463	\$4,218,334	\$3,112,927	\$1,415.30	\$106.99	250695.595	\$12.42	\$1,746.19	0.71%

Appendix F
Wellness Visits for Women



KANSAS

DEPARTMENT OF HEALTH & ENVIRONMENT

BILL GRAVES, GOVERNOR

Clyde D. Graeber, Secretary

MEMORANDUM

TO: Ms. Linda DeCoursey, Kansas Insurance Department

FROM: Rachel Lindbloom, Health Program Analyst

DATE: February 23, 2000

RE: Mean costs for wellness visits for women

Thank you for the data request on the average costs for wellness visits for women. Below are some preliminary findings, they are however not conclusive. The analysis was based on findings from the Kansas Health Insurance Information System (KHIIS) database in regard to general routine exams and routine gynecological exams. This database contains data from the top 20 insurance companies (highest premium volume) providing private coverage to Kansas residents. Findings were reviewed by Miller and Newberg actuarial staff and consultants from Meyers and Stauffer. The findings listed below are based on paid charges. Paid charge is the amount actually paid by the company.

Average Costs for Wellness Visits for Women

Physician Type	Total Paid Charges
All	\$23.77
OB/GYN	\$25.17

In reviewing the dollars actually paid by private insurance there appears to be little difference in actual paid charges between all physicians and OB/GYNs.

Appendix G
Mental Health Cost Report

Mental Health Cost Report

Introduction

Mental health problems and substance abuse are major contributors to burden of disease and disability. For example, clinical depression is one of the most common illnesses affecting working adults. It is estimated that depression costs the nation between \$30 and \$44 billion each year.¹

In 1996, the most recent reported year, the United States spent \$69 billion dollars on the diagnosis and treatment of mental illnesses.²

This report describes the results of analyses of data collected from insurance companies that provide health care coverage for residents of Kansas. The collected data were validated and organized to create the Kansas Health Insurance Information System (KHIIS). For this report we analyzed the KHIIS data to evaluate expenditures related to alcoholism, drug abuse, and nervous or mental health conditions in Kansas.

Recently two important trends have influenced the national availability and cost of mental health treatment. They are insurance parity for mental illness and managed care and its implications for mental health services.

A recent study found that the assumptions that full parity in mental health services would greatly increase costs are unsubstantiated. The average increase in costs for unlimited mental health benefits compared to a typical mental health benefit level with a \$25,000 cap was \$1 per employee.³ A study of five states with parity laws released by Substance Abuse and Mental Health Services Administration found that state parity laws have had a small effect on premiums and employers have not attempted to avoid parity laws by becoming self-insured.⁴

A collaborative research effort between RAND/UCLA Center on Managed Care for Psychiatric Disorders and United Behavioral Health found that mental health costs have not been rising. Despite increasing benefits, switching to managed care leads to a substantial reduction in costs for mental health care. Following the transition to managed care costs fell 40 percent and continued to decline slowly over the following years. The study also found that the switch to managed care did not reduce access to mental health care.

This report examines the costs of mental health treatment in Kansas by analyzing the charges for mental health and alcohol/drug abuse treatments over a three-year and a four-year period. The data includes charges submitted to insurance companies, charges allowed and charges paid by the insurance companies. For a more detailed description of how the data were selected please refer to Appendix A.

Trends

National spending for mental health treatment has declined over the last 10 years, in part due to the impact of managed care for mental health services. During the period of decreasing spending the public sector has paid for a majority of treatments. The public sector's share of expenditures has increased from 49% in 1986 to 54% in 1996.⁵ Kansas State Mental Health Agency spent \$150,814,602 in 1997 on mental health.⁶ The analyses presented here were limited to private sector payments of mental health treatments.

Three-year analysis

The three-year trend analysis covered years 1999, 2000, and 2001 and included data from each insurance company which reported to KHIIS over the entire time period.

Average number of claims, persons, and charges each year

During this three-year period Kansas had an estimated averages of 2,668,000 residents⁷, and 2,111,000 residents with health care coverage⁸. The data used in this analysis comes from 12 insurance companies, covering an average yearly total of 802,450 individuals, approximately 38% of all insured persons in Kansas. Of those insured individuals, an average 321,330 individuals submitted 3,611,987 claims of all types each year. Thirteen percent of the people submitting claims (41,161) submitted claims for mental health and alcohol/drug abuse treatments. The mental health and alcohol/drug abuse claims, totaling an average 189,034 claims each year, made up just 5% of all claims.

Tables 1 thru 3 show the results of the three-year analysis. The total paid charges for all claims during the three years ranged from \$213,601,553 to \$245,867,616, while paid charges for mental health and alcohol/drug abuse claims ranged from \$9,787,704 to \$11,929,488. Submitted and allowed charges had similar changes during the three-year period, as shown in tables 1 thru 3. Figures 1 and 3 show the changes by type of cost for all claims and mental health and alcohol/drug abuse claims from 1999 to 2001.

Charges per claim/individual

The paid charge per claim for mental health and alcohol/drug abuse claims increased slightly from \$63.23 in 1999 to \$64.99 in 2001. The paid charge per individual for mental health and alcohol/drug abuse claims rose from \$273.74 in 1999 to \$287.23 in 2001. These changes in paid charges, both per claim and per individual, were not statistically significant, i.e. not large enough to demonstrate the differences between years were caused by more than just variance in the data.

Percent of all charges for Mental Health

Over the three-year period the percentage of overall expenditures spent on mental health and alcohol/drug abuse averaged 3.6% for submitted charges, 4.7% for both allowed and paid charges. The changes in the percentage of overall expenditures spent on mental health each year are not statistically significant, i.e. not large enough to show a real change during the three years.

Four-year analysis

The four-year trend analysis was done using claims from companies that provided data to KHIIS for each entire year, 1998 thru 2001. All of this information is also included in the three-year analysis previously discussed.

Average number of claims, persons, and charges each year

The four-year data included an average of 141,468 individuals covered by insurance each year, which is approximately 7% of all Kansas residents with health care coverage during that time period. Of those insured individuals, an average 103,948 individuals submitted 916,115 claims of all types each year. Thirteen percent of the people submitting claims (13,152) submitted claims for mental health and alcohol/drug abuse treatments. The mental health and alcohol/drug abuse claims, totaling an average 48,290 claims, made up just 5% of all claims each year.

Tables 4 thru 7 show the results of the four-year analysis. The total paid charges for all claims during the four years ranged from \$49,795,279 to \$85,636,907, while submitted charges for mental health and alcohol/drug abuse claims ranged from \$2,848,173 to \$3,343,786. Submitted and allowed charges had similar changes during the four-year period, as shown in tables 4 thru 7. Figures 2 and 4 show the changes by type of cost for all claims and mental health and alcohol/drug abuse claims from 1998 to 2001. As you can see from the tables and figures, the charges for all types of claims have increased from 1998 to 2001, while the charges associated with mental health and alcohol/drug abuse claims have not shown a continuous trend. In fact, the year-to-year changes in total charges associated with mental health and alcohol/drug abuse claims are not statistically significant, i.e. not large enough to demonstrate a real change between any of the years.

Charges per claim/individual

The average paid charge per claim for mental health and alcohol/drug abuse claims was \$69.17 in 1998 and \$66.84 in 2001. The average paid charge per individual for mental health and alcohol/drug abuse claims was \$265.56 in 1998 and \$232.13 in 2001. These decreases in paid charges, both per claim and per individual, were not statistically significant, i.e. not large enough to demonstrate the differences between years were caused by more than just variance in the data.

Percent of all charges for Mental Health

The Percent of overall expenditures spent on mental health and alcohol/drug abuse averaged 4.0% for submitted charges, 4.4% for allowed charges and 4.7% for paid charges. The charges in the percent of overall expenditures spent on mental health are not large enough to prove a real change over the four years, i.e. differences are not statically significant.

Conclusion

The apparent increases in the cost of mental health and substance abuse services have been consistent with the changes in overall health care costs. Any changes in mental health and substance abuse benefits have not significantly changed the overall cost of health care benefits from 1998 to 2001. The percentage of overall health care expenditures spent on mental health and substance abuse has stayed constant between 1999 and 2001 and decreased from the 1998 levels.

Appendix A – Selection of data to be analyzed

The Office of Health Care Information (OHCI) collects data from insurance companies providing health care insurance to persons living in the State of Kansas. Companies are selected to provide data based on the total health care insurance premiums paid to the company each year. Only the largest companies, based on premium volume, are required to submit data.

From the data OHCI has collected, we selected companies that have submitted data for the entire time period of January 1, 1998 to December 31, 2001 for the four-year trend analysis. Data from companies that have submitted claims information from January 1, 1999 to December 31, 2001 were used for the three-year trend analysis. These sets of data are not mutually exclusive, the 1999 to 2001 data used in the four-year analysis is also included in the three-year trend analysis.

The data includes dates of insured eligibility. All claims used in the analyses were checked to verify the individuals had insurance coverage during the time period being analyzed. Any individuals whose insurance eligibility ended before the year being analyzed or started after the year being analyzed were excluded. Data with missing eligibility dates or an eligibility end date preceding the start date were also excluded.

Since these analyses are of mental health and alcohol/drug abuse treatments the appropriate claims data were selected. Mental health and alcohol/drug abuse claims were identified by codes listed for the major diagnostic categories (MDC) of interest from the DRG Guidebook for 2001. The MDCs of interest were Mental Diseases and Disorders (19) and Alcohol/Drug Use and Alcohol/Drug-Induced Organic Mental Disorders (20). For analysis purposes, Diagnostic Related Group (DRG) codes were assigned to those claims pertaining to mental health or alcohol/drug abuse. Claims not identified by MDC codes were evaluated using the National Drug Code (NDC code) to identify mental health and alcohol/drug abuse treatments.

To evaluate the types of services being used by insured members we need to know the claim line of business. The Claim Line of Business field categorizes claims as hospital inpatient, hospital outpatient, professional, and drug. All records with missing or invalid values in the Claim Line of Business field were excluded.

The claims data is collected in a format that creates multiple records for a single claim. The multiple records allow for the reporting of detail information of more than one treatment/procedure performed under a single claim. For the purposes of these analyses we are not interested in costs beyond the claim level. To avoid over counting we kept one summarized record for each unique membership and claim number in the data.

Given the nature of the analyses being done, it was deemed appropriate to remove extreme values, outliers, from the fields reporting charged dollar amounts. The first and ninety-ninth percentiles were calculated for total charges, allowed charges, and paid

charges. All records containing values less than the first percentile or larger than the ninety-ninth percentile were then excluded.

Each individual represented in the data being analyzed could possibly have multiple claims submitted and paid. It is important to include information for all claims, therefore multiple claims for an individual must be included. For this analysis it was also necessary to count the number of unique individuals represented in the data. The number of unique membership ids was counted to identify the number of unique individuals. This was done for all claims, to determine the total number of insured persons. A count of unique member ids was also made for claims identified as mental health and alcohol/drug abuse claims to calculate the number of individuals who received those types of services.

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Total Claim Dollars for Mental Health by Claim Line of Business										Total Claim Dollars for Mental Health by Claim Line of Business						
Claim Line of Business		Total Persons	Total Claims	Total Charges	Average Total Charge Per Claim	Average Total Charge Per Person	Job	Total Persons	Total claims	Total Allowed Charges	Average Allowed Charge Per Claim	Average Allowed Charge Per Person	Job	Total Persons	Total claim.	
2	Hospital Outpatient	5	5	\$7,217.25	(243.45	\$243.45	1	1	1	\$360.00	\$360.00	\$3600.00	2	7	7	
3	Professional	3267	15.37	\$1,778,743.63	\$117.38	\$543.85	2	7	7	\$1,028.74	\$146.68	\$14668	3	3043	13281	
							3	3070	13451	\$1,178,709.64	\$87.63	\$383.94				
Number of individuals included in the Claim Line of Business - Includes duplicates		3272						3078						3050		
DUPLICATED Number of individuals included in the Claim Line of Business		3268	15142	\$1,777,960.88	\$117.42	\$544.05		3072	13459	\$1,180,096.38	\$87.68	\$384.15		3045	13286	
Total Claim Dollars for Mental Health by DRG																
Total DRG	Persons claims	Total Claims	Total Charges	Average Total Charge Per Claim	Average Total Charge Per Person	drgr	Total Persons	Total Claims	Total Allowed Charges	-Average Allowed Charge Per Claim	Average Allowed Charge Per Person	drgr	Total Persons	Total		
425	Acute Adjustment_ Reactions and Psychosocial Dysfunction 994	425	1101	\$116,553.82	\$105.86	\$274.24	425	409	1004	\$80,006.57	\$79.69	\$195.82	425	405		
426	Depressive Neuroses 2612	869	2936	\$333,358.94	\$113.54	(383.61	426	828	2668	\$235,039.65	\$88_10	3283.86	426	618		
427	Neuroses Except Depressive 2516	666	2819	\$346,037.64	\$122.75	\$502.96	427	640	2556	\$247,155.46	\$96.70	\$386.18	427	631		
428	Disorders of Personality-and Impulse Control 137	36	158	\$20,999.00	\$132.91	(583.31	428	33	143	' \$16,040.19.	\$112.17	\$486.07	428	33		
429	Organic Disturbances and Mental Retardation	46	86	\$13,003.82	\$151.20	\$282.69	429	48	81	\$7,143.87	\$88.20					
430	Psychoses 947	5240	\$613,712.89	\$117.12	\$648.06	430	881	4558	\$389,117.65	\$85.41	\$441.68	430	877	4524		
431	Childhood Mental Disorders 1715	547	2001	\$218.812.95	\$709.25	\$399.66	431	509	1,1742	\$144,922.88	\$83.19	\$284.72	431	503		
432	Other Mental Disorder Diagnoses 427	280	450	(57,250.47)	\$127.22	\$204.47	432	277	427	\$32,924.44	\$77.11	\$118.86	432	277		
434	Alcohol Drug Abuse or Dependence _Detoxification or oih 281	122	- 351	\$58,431.75	\$166.47	\$478.95	434	104	282	\$27,745.87	\$98.39	\$266.79	434	105		
Number of individuals included in the DRG- Includes duplicates		3960						3727						3695		
UNDUPLICATED Number of individuals included in the DRG		3268	15142	\$1,777,960.88	\$117.42	\$544.05	3072	13,159	\$1,180,096.38	\$87.68	\$384.15		3045	13288		
OVERALL		32467	200933	\$46,797,647.68	\$232.90	\$1,441.39	30540	186212	(21,300,618.54)	\$114.39	\$697.47		30311	18316,		
		10.07%	7.54%	3.80%	50.42%.4	37.74%	10.06%	7.23 %	5.54 %	76.65%	55.08%		10.05%	7.25%		

Appendix H
Mandating Colonoscopy:
The Effect on Insurance Cost

Mandating Colonoscopy: **The Effect on Insurance Cost**

Colonoscopy is a procedure that examines the lining of the large intestine with flexible fiber optic endoscopes. Standard diagnostic functions include inspection, biopsy, cell collection, and photography. Diagnostic observations are made to locate and identify benign or malignant lesions, diffuse mucosal changes, luminal obstruction, motility and extrinsic compression by contiguous structures. Therapeutic procedures include removal of polyps, foreign bodies, and treatment of gastro intestinal bleeding and pseudo obstruction.

In recent years, there had been a steady increase in colorectal diseases, particularly colorectal cancers. Colorectal cancer is the second leading cause of cancer-related death in the United States. The American Cancer Society estimated that approximately 57,000 Americans would die of colorectal cancer in 2001. The risk of colorectal cancer increases with advancing age. Low fiber diet, low intake of fruits and vegetables, alcohol consumption, tobacco use, obesity, lack of physical exercise, etc are among the factors that can increase the risk of colorectal cancer. Inflammatory bowel diseases, hereditary symptoms, and history of colorectal cancer in family also increase the risk of colorectal cancer.

Reducing the number of deaths from colorectal cancer mainly depends on early detection and removal of precancerous polyps. In controlled studies, those who experienced early detection using endoscopic procedures had 59% fewer colorectal deaths than those who had not undergone endoscopic detection. Screening of colorectal cancer lags far behind screening for other cancers. Findings from CDC's Behavioral Risk

Factor Surveillance System indicate that only 44% of adults aged 50 years and older had ever had a sigmoidoscopy or colonoscopy for screening or diagnostic purposes, while just 34% were screened in last five years. Despite the availability of effective screening tests, colorectal cancer screening is underutilized. The reasons for underutilization range from lack of knowledge to restrictive use due to higher cost associated with the procedures. For example, Medicare excludes routine physical examination using colonoscopy (Title XVII of the Social Security Act, section 1862 (a) (7) and 1862 (a) (1) (A)) and allows coverage and payment for only those services that are considered to be medically reasonable and necessary. The purpose of this study is to evaluate the impact of Colonoscopy on cost of screening is mandated for health insurance coverage by carriers.

Methodology

To estimate the effect, 1999 and 2000 data from Kansas Health Insurance Information System (KHIIS) have been analyzed (1999 and 2000). Data from six insurance companies were chosen for this analysis. The total number of insured included in this study represents approximately 53% of the total insured population in Kansas excluding Medicare, Medicaid, Military health coverage and uninsured. Colonoscopy rates are reported as per 100,000 populations.

To ensure accuracy of estimating colonoscopy cost, outliers were excluded by using 90th percentile values. To determine the per member per month (PMPM) cost, the total cost per member was determined by multiplying the average paid charge per claim by the average number of claims per member. PMPM costs were obtained by dividing the total costs per member by the average months of eligibility per member.

Findings and Discussion

Though colonoscopy is not totally excluded from insurance coverage, its utilization, however, is highly restricted and is subjected to the presence of specific symptoms and conditions. If mandated, it is possible that utilization of colonoscopy could increase significantly. Estimation of increase in service requires reasonable approximation. Currently, colonoscopy claims represents about 0.08% of the total number of medical claims in Kansas. This analysis indicates that people thirty-five and above are the most frequent users of colonoscopy. In Kansas, this population group is about 1.3 million. Since approximately 60% of the population is privately insured, the number of individuals eligible for colonoscopy may be estimated at 780,000. Should 50% of the eligible population elect to use colonoscopy, the usage of colonoscopic procedures may be estimated at 400,000. In 1999, number of endoscopic procedure used for colorectal problems for the 35 and over age group was about 12,000. Therefore, mandating colonoscopy may increase use of colonoscopic procedures by 33 times ($780,000/12,000$). Table 1 shows the approximate increase in PMPM cost for different estimated procedural combinations. Though the utilization numbers are projected, this provides a useful basis for calculating the possible cost increase in insurance dollars required to fund a mandate (Table 1).

Table 1: Procedures	Average PMPM Cost	Average Total Paid Charge Due to Increase in Diagnostic Cases	Average Total Paid Charge Due to Increase in Diagnostic Cases
COLONOSCOPY including All COLONOSCOPIC Procedures	\$104.41	\$119.91	\$15.50
COLONOSCOPY, SIGMOIDOSCOPY, PROCTOSIGMOIDOSCOPY (only Diagnostic Procedures)	\$104.41	\$116.75	\$12.34
COLONOSCOPY, SIGMOIDOSCOPY, PROCTOSIGMOIDOSCOPY (including Surgical Procedures)	\$104.41	\$114.22	\$9.81

Conclusion

This analysis indicates that inclusion of colonoscopy as a regular screening procedure may significantly impact health care costs, particularly if utilization increases considerably. Implementation of reasonable coinsurance or co-pay, on the other hand, may offset some of the cost as well as limit utilization. The above cost estimates are based on current limited use of colonoscopy. If this procedure is mandated, the possibility of higher utilization may reduce the per procedure cost. Should the cost per procedure fall considerably and utilization is somewhat restricted, a relatively lower increase in cost to those predicted above is possible. Nonetheless, the impact of mandating colonoscopy may produce a significant insurance cost increase.

Appendix I
Mandated Coverage for Contraceptives

Costs of Health Insurance Coverage of Contraceptives

This is discussion of the effect on insurer claim costs of Kansas House Bill No. 2185 requiring health insurance coverage of contraceptive drugs, devices and services.

Data presented here are from year 2000 claims as recorded in the Kansas Health Insurance Information System (KHIIS) and reference is made to earlier studies. Data are from insurance plans providing contraceptive coverage. These plans are primarily for groups where such coverage is market-driven by employers. Total claim amounts paid for these plans were almost \$.7 billion. The data within that total reviewed include non-permanent contraceptive procedures, drugs, implants, devices, supplies, and counseling.

The data show .6% of aggregate claim payments were for costs with mandated coverage under HB 2185. Accordingly, on the average plans that do not currently cover these costs would expect a proportionate premium increase. However, there will be variations according to the populations covered. Groups with larger than average proportions of females under age 45 will have greater increases and groups with lesser exposed demographics will have smaller increases. The largest increases will occur in individual plans where age / sex rating will increase premiums up to 3% for younger females.

These results are consistent with national studies by Tillinghast in 1996 for the Health Insurance Association of America and by Buck Consultants in 1998 for The Alan Guttmacher Institute. Both studies projected aggregate increases in claim costs of less than 1%. Given that unit costs for contraceptives and associated services have not increased at a faster rate than healthcare generally, the results of those studies seem to continue to be valid.

It is difficult to estimate healthcare cost savings from this mandate. Obviously, the costs of an unwanted pregnancy are vastly greater than the cost of contraceptives. However, we are not afforded here any means of estimating any reduction in the number of unwanted pregnancies. The past studies referenced do not give much guidance either.

Gene Blobaum, FSA, MAAA
Consulting Actuary
Miller & Newberg, Inc.
Olathe Kansas

Oral Contraceptive Claim Cost and PMPM by NAIC Number for 2001

All Claims

<u>Company</u>	<u>Charged</u>	<u>Allowed</u>	<u>Paid</u>	<u>ELGMOS</u>
1	\$189,411,152.71	\$70,286,989.73	\$50,997,399.79	456987
2	\$23,438,640.74	\$15,721,880.70	\$11,867,947.54	229130
3	\$14,945,149.78	\$9,200,854.22	\$6,968,102.78	53156
4	\$1,356,720,273.04	\$657,694,745.92	\$542,394,355.76	5885131
5	\$111,162,100.73	\$50,702,503.34	\$43,877,218.64	462258
6	\$59,330,829.42	\$31,798,542.54	\$22,717,420.52	143883
7	\$75,513,380.74	\$34,872,829.88	\$28,643,808.49	167703
8	\$31,955,779.33	\$20,267,315.66	\$15,560,282.17	172283
	=====	=====	=====	=====
	\$1,862,477,306.49	\$890,545,661.99	\$723,026,535.69	7570531

Drug Claims

	<u>Charged</u>	<u>Allowed</u>	<u>Paid</u>	<u>% Drugs to All</u>	<u>Drug PMPM</u>
1	\$18,788,657.12	\$14,402,157.61	\$9,132,430.32	17.91%	\$19.98
2	\$267,858.49	\$267,724.94	\$108,123.62	0.91%	\$0.47
3	\$1,812,896.80	\$1,644,430.16	\$1,084,042.63	15.56%	\$20.39
4	\$165,422,135.40	\$100,822,964.00	\$76,423,369.20	14.09%	\$12.99
5	\$14,192,223.79	\$14,192,223.79	\$10,205,607.48	23.26%	\$22.08
6	\$9,359,439.60	\$7,031,483.17	\$5,636,848.56	24.81%	\$39.18
7	\$8,016,571.57	\$5,950,280.47	\$3,774,918.81	13.18%	\$22.51
8	\$3,912,881.75	\$3,911,660.26	\$2,410,280.96	15.49%	\$13.99
	=====	=====	=====		
	\$221,772,664.52	\$148,222,924.40	\$108,775,621.58	15.04%	<u>Avg PMPM</u> \$14.37

Oral Contraceptive Claims

	<u>Charged</u>	<u>Allowed</u>	<u>Paid</u>	<u>% Cont to All</u>	<u>% Cont to Drug</u>	<u>Cont PMPM</u>
1	\$383,200.00	\$304,377.52	\$135,791.99	0.27%	1.49%	\$0.30
2	\$2,026.67	\$2,026.67	\$650.64	0.01%	0.60%	\$0.00
3	\$13,994.81	\$12,842.04	\$5,075.95	0.07%	0.47%	\$0.10
4	\$4,016,002.68	\$2,702,387.60	\$1,512,875.96	0.28%	1.98%	\$0.26
5	\$538,699.46	\$538,699.46	\$264,430.70	0.60%	2.59%	\$0.57
6	\$263,090.57	\$203,616.67	\$116,245.60	0.51%	2.06%	\$0.81
7	\$205,921.12	\$161,081.73	\$80,487.64	0.28%	2.13%	\$0.48
8	\$55,026.37	\$55,026.37	\$11,185.30	0.07%	0.46%	\$0.06
	=====	=====	=====			
	\$5,477,961.68	\$3,980,058.06	\$2,126,743.78	0.29%	1.96%	<u>Avg PMPM</u> \$0.28

Contraceptive Procedure claim Cost and PMPM by NAIC Number for 2001
Contraceptive Procedure's

<u>Company</u>	<u>All Claim Total</u>	<u>Charged</u>	<u>Allowed</u>	<u>Paid</u>	<u>% of Cont to All</u>	<u>Cont PMPM</u>	<u>ELGMOS</u>
1	\$50,997,399.79	\$261,022.26	\$121,602.47	\$79,116.77	0.16%	\$0.17	456987
2	\$11,867,947.54	\$128,716.86	\$82,619.76	\$65,376.88	0.55%	\$0.29	229130
3	\$6,968,102.78	\$60,813.08	\$28,560.10	\$19,409.63	0.28%	\$0.37	53156
4	\$542,394,355.76	\$3,450,982.30	\$1,987,742.90	\$1,584,608.01	0.29%	\$0.27	5885131
5	\$43,877,218.64	\$683,035.08	\$269,983.77	\$261,400.66	0.60%	\$0.57	462258
6	\$22,717,420.52	\$137,383.97	\$60,797.57	\$57,789.41	0.25%	\$0.40	143883
7	\$28,643,808.49	\$194,189.96	\$102,757.80	\$96,672.36	0.34%	\$0.58	167703
8	\$15,560,282.17	\$53,334.73	\$22,024.24	\$17,501.42	0.11%	\$0.10	172283
	=====	=====	=====	=====			=====
	\$723,026,535.69	\$4,969,478.24	\$2,676,088.61	\$2,181,875.14	0.30%	\$0.29	7570531
							-
							<u>Average PMPM</u>
Total Eligible Member Months				7570531	\$0.29		

Contraceptive_Codes

CPT	DESC
52648	Vasectomy
52647	Vasectomy
52347	Vasectomy
52601	Vasectomy
52648	Vasectomy
58600-58610	Tubal Ligation w/o Delivery
58670	Tubal Ligation w/o Delivery
58615	Tubal Occlusion
58671	Tubal Occlusion
58300	IUD
58301	IUD
11975-11977	Contraceptive Capsules - Implantable
57170	Cervical Cap

ICD-9	DESC
V26.51	Post tubal ligation status
V26.52	Post Vasectomy Status
V25.00 - V25.99	Visits for contraceptive management

HCPSCS	DESC
A4260	Levonorgestrel, implants and supplies,
A4261	Cervical Cap
J1000	Depo-estradiol cypionate
J1050	Medroxyprogesterone acetate (Depo-Provera)
J1055	Medroxyprogesterone acetate (Depo-Provera)
J1056	Medroxyprogesterone acetate/estradiol cypionate (Lunelle)
J1380	Estradiol valerate
J1390	Estradiol valerate
J0970	Estradiol valerate
J1410	Estrogen conjugated
J7300	intrauterine, copper
J7302	intrauterine, levonorgestrel releasing
S4980	Levonorgestrel - releasing intrauterine system
S4981	Insertion of Levonorgestrel
S4989	Contraceptive intrauterine device (IUD)

Appendix J

Most Expensive Medical Care and Procedures

High Cost Patients - 100 Top					total	avg of
		11/18/2003	12/02/2003		amount	amount
MDC		MDC Description		Frequency	allowed	allowed
	9	Diseases and Disorders of the Skin, Subcutaneous Tissue and Breast		1	64,781.26	64,781.26
	99	Applies to Multiple MDC's		6	231,013.01	38,502.17
	18	Infectious and Parasitic Diseases		1	30,751.33	30,751.33
	16	Diseases and Disorders of the Blood and Blood-forming Organs and Immunological Disorders		2	58,085.66	29,042.83
	4	Diseases and Disorders of the Respiratory System		5	144,748.77	28,949.75
	10	Endocrine, Nutritional and Metabolic Diseases and Disorders		2	55,334.71	27,667.36
	5	Diseases and Disorders of the Circulatory System		22	575,456.69	26,157.12
	1	Diseases and Disorders of the Nervous System		13	333,218.44	25,632.19
	7	Diseases and Disorders of the Hepatobiliary System and Pancreas		2	50,801.76	25,400.88
	25	Human Immunodeficiency Virus Infections		1	25,347.68	25,347.68
unknown		No DRG available to convert		31	764,995.64	24,677.28
malignant	***	Malignant Neoplasm (also tabulated within other MDC categories)		21	500,686.89	23,842.23
	11	Diseases and Disorders of the Kidney and Urinary Tract		1	23,694.56	23,694.56
	13	Diseases and Disorders of the Female Reproductive System		1	23,633.38	23,633.38
	3	Diseases and Disorders of the Ear, Nose, Mouth and Throat		6	141,022.45	23,503.74
	6	Diseases and Disorders of the Digestive System		4	93,430.58	23,357.65
	8	Diseases and Disorders of the Musculoskeletal System and Connective Tissue		18	412,803.34	22,933.52
	17	Myeloproliferative Diseases and Disorders and Poorly Differentiated Neoplasms		11	249,150.39	22,650.04
	21	Injury, Poisoning and Toxic Effects of Drugs		1	21,497.12	21,497.12
	23	Factors Influencing Health Status and Other Contacts with Health Services		1	20,592.68	20,592.68
	2	Diseases of the Eye		2	40,920.20	20,460.10
	14 **	Pregnancy, Childbirth and the Puerperium w/ complications		25	326,910.23	13,076.41
	14 **	Pregnancy, Childbirth and the Puerperium w/o complications		25	285,552.94	11,422.12
	15 **	Newborns and Other Neonates with Conditions Originating in the Perinatal Period w/ complications		25	267,240.58	10,689.62
	15 **	Newborns and Other Neonates with Conditions Originating in the Perinatal Period w/o complications		25	50,229.09	2,009.16
	12	Diseases and Disorders of the Male Reproductive System				
	19	Mental Diseases and Disorders				
	20	Alcohol/Drug Use and Alcohol/Drug-Induced Organic Mental Disorders				
	22	Burns				
	24	Multiple Significant Trauma				
	**	The MDC's noted as such, are derived separately and are not found among the top 100 most expensive costs.				
	***	The 21 patients included in the Malignant Neoplasms are all included under MDC categories by the body part affected (duplicative reporting)				

Appendix K
Major Medical Cost Trends

Major Medical Cost Estimates

Ins Co	Year	Inp(M)	Inp(F)	Inp(av)	Outp(M)	Outp(F)	Outp(av)	Prof(M)	Prof(F)	Prof(av)	Drg(M)	Drg(F)	Drg(av)	Mean (M)	Mean(F)	Mean(av)
Company A	1999	\$1,793	\$1,594	\$1,700	\$230	\$165	\$192	\$115	\$133	\$124	\$42	\$49	\$45	\$214	\$220	\$217
	2000	\$1,609	\$1,440	\$1,501	\$212	\$194	\$202	\$104	\$123	\$114	\$36	\$42	\$39	\$185	\$229	\$208
Company B	1998	\$3,507	\$2,829	\$3,082	\$767	\$679	\$712	\$231	\$272	\$253	\$116	\$131	\$124	\$685	\$753	\$724
	1999	\$1,174	\$919	\$1,015	\$220	\$186	\$199	\$82	\$96	\$90	\$42	\$47	\$45	\$208	\$229	\$220
	2000	\$1,662	\$1,295	\$1,437	\$342	\$299	\$316	\$120	\$140	\$131	\$64	\$74	\$70	\$333	\$364	\$350
Company C	1999	\$953	\$890	\$932	\$302	\$266	\$290	\$72	\$75	\$73				\$94	\$98	\$95
	2000	\$919	\$1,091	\$981	\$289	\$294	\$291	\$83	\$88	\$85				\$104	\$114	\$107
Company D	1999							\$92	\$113	\$104		\$12	\$12	\$92	\$113	\$104
	2000	\$2,991	\$2,748	\$2,834	\$436	\$401	\$413	\$151	\$162	\$158		\$21	\$21	\$266	\$304	\$289
Company E	1998	\$1,059	\$946	\$989	\$49	\$62	\$56	\$26	\$26	\$26				\$85	\$120	\$104
	1999	\$1,048	\$902	\$970	\$64	\$75	\$69	\$22	\$25	\$24				\$103	\$122	\$113
	2000	\$158	\$198	\$182	\$81	\$87	\$85	\$68	\$80	\$74	\$29	\$34	\$32	\$122	\$147	\$136
Company F	1998	\$816	\$511	\$623	\$128	\$125	\$126	\$69	\$84	\$78	\$33	\$39	\$37	\$118	\$149	\$135
	1999	\$970	\$661	\$776	\$138	\$129	\$133	\$74	\$87	\$81	\$38	\$44	\$41	\$138	\$171	\$156
	2000	\$705	\$453	\$546	\$140	\$133	\$136	\$86	\$101	\$94	\$44	\$50	\$47	\$152	\$180	\$168
Company G	1999	\$1,762	\$1,605	\$1,691	\$289	\$310	\$300	\$105	\$116	\$110	\$189	\$166	\$178	\$371	\$408	\$388
	2000	\$2,152	\$1,917	\$2,025	\$581	\$589	\$585	\$251	\$259	\$255	\$225	\$231	\$228	\$748	\$827	\$787
Company H	1999	\$2,344	\$1,970	\$2,111	\$240	\$205	\$218	\$126	\$135	\$131	\$33	\$35	\$34	\$269	\$291	\$282
	2000	\$1,662	\$1,295	\$1,437	\$342	\$299	\$316	\$120	\$140	\$131	\$64	\$74	\$70	\$333	\$364	\$350
Company I	1999	\$3,766	\$2,837	\$3,169	\$208	\$197	\$201	\$198	\$378	\$287	\$47	\$31	\$39	\$1,618	\$1,390	\$1,498

Abbreviations: Inp = Inpatient, Outp = Outpatient, Prof = Professional, Drg = Drug, M = Male, F = Female, av = average, NM = Non Macro

Outputs and logs are saved in H:\swapan\Major Medical Cost, Data is calculated for 99 percentiles

MM_Cost.sas is the non macro program located in H:\Dave\Special Reports and H:\swapan\Major Medical Cost

Appendix L
Dental Cost Comparisons

Report to the Healthcare Purchasing BEST Team

Healthcare Rate and Payment BEST Team

October 8, 2003

The Healthcare Rate and Payment BEST team has met for several weeks to address its charge:

To perform rate and payment methodology comparisons across the healthcare purchasing system for common services purchased in an effort to identify pricing differentials that should not exist.

The team identified three areas it believed the most prudent to explore. These are:

- 1) How many services are being purchased within the State system (frequencies)?
- 2) What is being paid for these services but also keeping in mind access issues?
- 3) What services are considered preventive versus acute services (i.e. dental sealants versus cavity filling) and what are we paying for these services?

Procedure:

Members of the team represented agencies such as SRS-Medicaid, Dept. of Corrections, Department of Administration-Group Health Insurance Plan (GHIP) and the Kansas Health Insurance Information System (KHIIS) housed at KDHE. Workers Compensation joined once the group was underway. Each agency shared data with the team related to health services purchased for their various programs and missions. These data included services across all settings of healthcare (inpatient and outpatient). Since the dataset being used was considered to be extremely large, the team agreed to experiment with data surrounding dental service delivery and finalize the desired structure and form of the reports needed for the Healthcare Purchasing Team.

Data evaluated:

- 1) The top 39 most frequently used and costly dental services by dental code
- 2) Benchmark data for comparison included information from a survey from the American Dental Association on costs for the mid-west region
- 3) Median payments ALLOWED values were used in the comparisons with benchmarks .
- 4) The KHIIS data was also a benchmark for Kansas-specific payments
- 5) Trends were identified and documented

Results

After significant discussion, the team evaluated data provided to the group and identified four categories of observations when comparing allowed payments (by code) to the benchmarks (ADA or KHIIS):

1) Payments are greater than benchmark

Example: Code=D2950 (Crown Porcelain, fused noble metal)

Benchmark payment is \$126.00; GHIP payment =\$129.00

Codes included:

0274, 0220, 2110, 2140, 2332, 2930, 2950, 3220, 3320, 3330

2) Payments lower than benchmark

Example: Code=D2140 (Amalgam, one surface permanent)

Benchmark payment is \$62.00; GRIP payment =\$52.00

Codes included:

0230, 0272, 0330, 1110, 1120, 2120, 2150, 2330, 2331, 2740, 2750, 2752, 2790, 7910, 7110, 7120, 7240

3) Payments where Medicaid is significantly lower and

Example: Code=D2740 (Crown Porcelain, ceramic substrate)

Benchmark payment is \$638.00; SRS payment =\$300.00

Codes included:

0120, 0140, 0150, 0220, 0272, 2740, 2750, 2751, 2752, 2790, 2950, 3320, 3330, 4341, 7110, 7120, 7240

4) Payments were so low that the data are suspect

Example: Code=D2385 (Resin, one surface posterior permanent)

Benchmark payment is \$85.00; GRIP payment =\$52.00

Codes included:

1203, 1351, 2380, 2381, 2385, 2386, 2387

These comparisons were performed for the top 39 dental services and categorized. There are areas where the State is obtaining a good price for services compared to the benchmarks. There are some areas the State needs to evaluate some of its pricing.

Preventative considerations:

Example: Code=D 13 51--Dental sealants

Benchmark payment is \$26.00

VERSUS

Example: Code=D2110-Amalgam, One surface primary

Benchmark payment is \$55.00

Acute treatment for tooth decay is twice the price of the preventative sealant. Perhaps policy considerations and subsequent savings can be realized with preventative procedures.

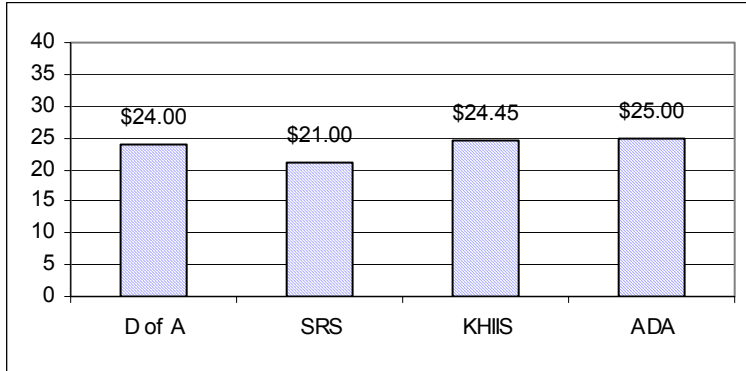
Recommendations

Given the charge of the team, the following recommendations were made:

- 1) Data from the Department of Corrections was clearly higher than amounts paid by other programs. Perhaps DOC can utilize the pricing information to further negotiate better prices for services for their clients. There may be other examples since we can locate benchmarks for pricing of services.
- 2) Policy considerations could be made to determine pricing mechanisms that foster preventative versus restorative care.
- 3) Continue this process for medical/surgical procedures and services. Other rate setting methodologies could be used such as utilizing the Resource-based Relative Value Scales, RVRVS.

Is this the path you wish the team to take?

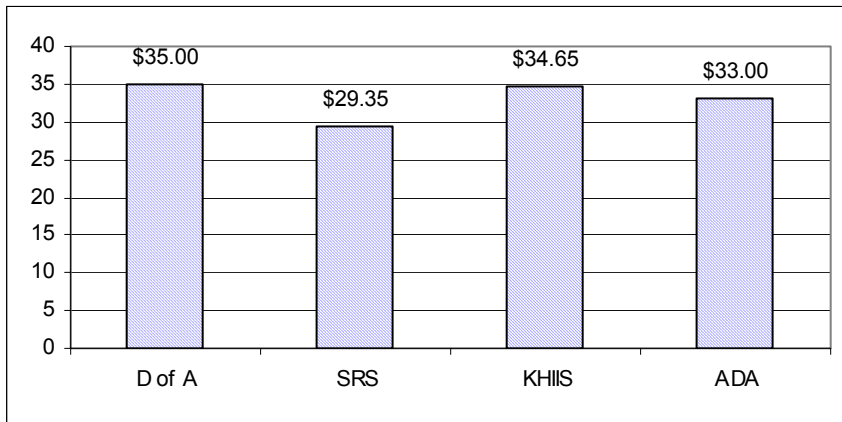
D0120 Periodic Oral Evaluation
Median Amount Allowed Calendar Year 2002
(ADA Median Amount Billed Calendar Year 2001 for Benchmark)



D0120 Periodic Oral Examination	
Source	Total Services
D of A	66,743
SRS	30,418
KHIIS	6,403

SRS doing well and is significantly lower; D of A is below KHIIS.

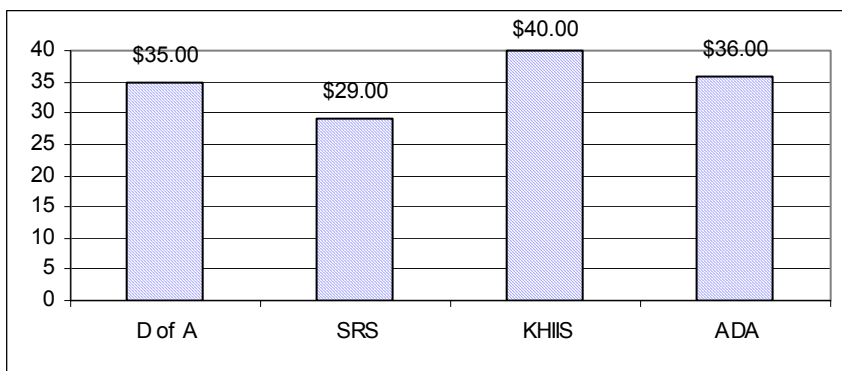
D0140 Limited Oral Evaluation – Problem Focused
Median Amount Allowed Calendar Year 2002
(ADA Median Amount Billed Calendar Year 2001 for Benchmark)



D0140 Limit Oral Eval-Prob Focsd	
Source	Total Services
D of A	6,803
SRS	9,058
KHIIS	9,835

SRS doing well and is significantly lower; D of A is above both KHIIS and ADA. D of A could do better.

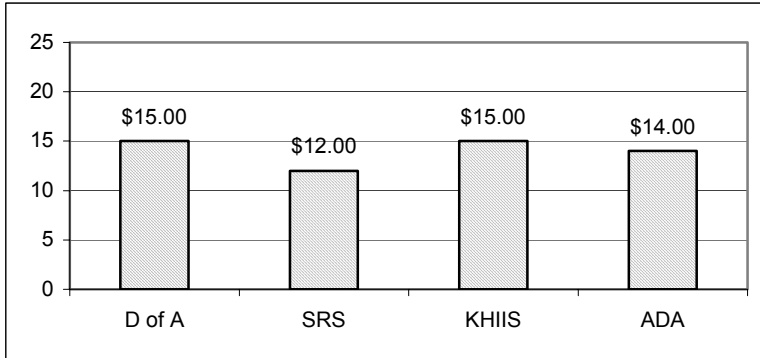
D0150 Comprehensive Oral Evaluation – New Established
Median Amount Allowed Calendar Year 2002
(ADA Median Amount Billed Calendar Year 2001 for Benchmark)



D0150 Comprehensive Oral Eval	
Source	Total Services
D of A	7,828
SRS	20,839
KHIIS	4,377

SRS doing well and is significantly lower; D of A is also doing well.

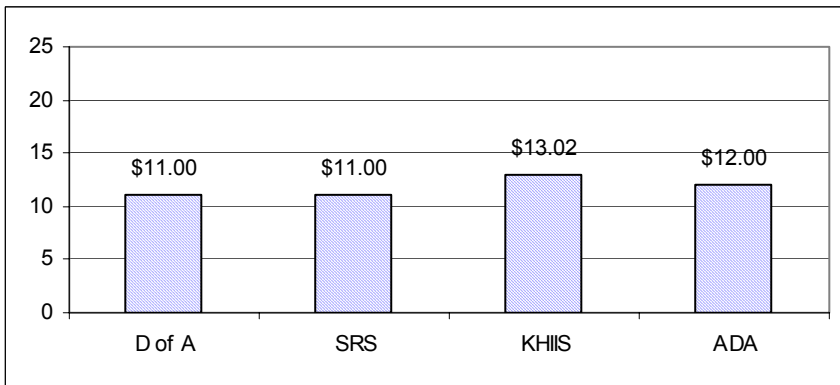
D0220 Intraoral – Periapical – First Film
Median Amount Allowed Calendar Year 2002
(ADA Median Amount Billed Calendar Year 2001 For Benchmark)



D0220 Intraoral Periapical First Film	
Source	Total Services
D of A	7,828
SRS	20,839
KHIIS	4,377

SRS doing well and is significantly lower; D of A is the same as KHIIS and higher than ADA. D of A could do better.

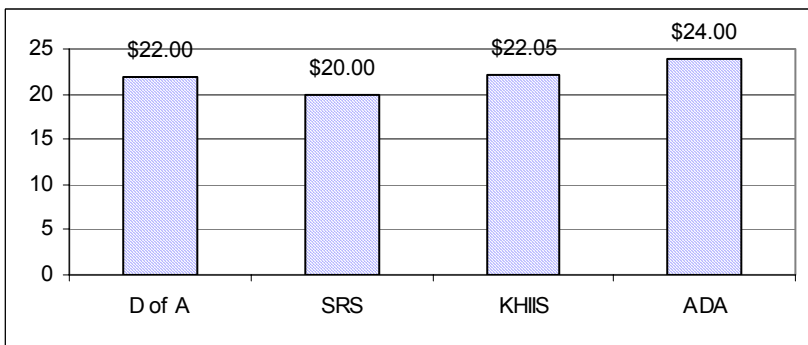
D0230 Intraoral – Periapical – Each Additional Film
Median Amount Allowed Calendar Year 2002
(ADA Median Amount Billed Calendar Year 2001 for Benchmark)



D0230 Intraor Periapical Ea Add Film	
Source	Total Services
D of A	6,063
SRS	5,954
KHIIS	327

SRS and D of A both doing well.

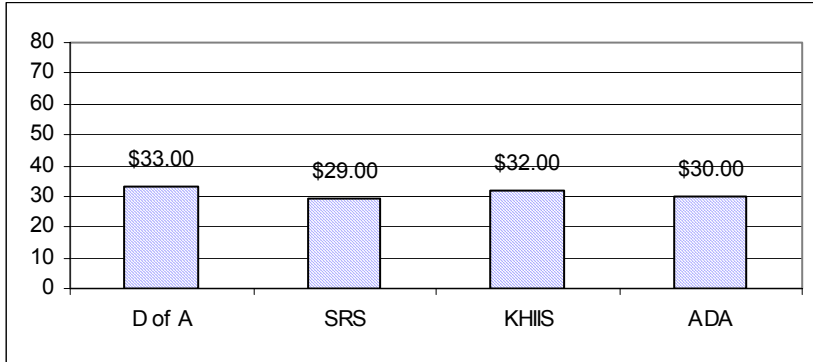
D0272 Bitewing – Two Films
Median Amount Allowed Calendar Year 2002
(ADA Median Amount Billed Calendar Year 2001 for Benchmark)



D0230 Intraor Periapical Ea Add Film	
Source	Total Services
D of A	16,970
SRS	26,315
KHIIS	1,368

SRS doing well and is significantly lower; D of A is below KHIIS.

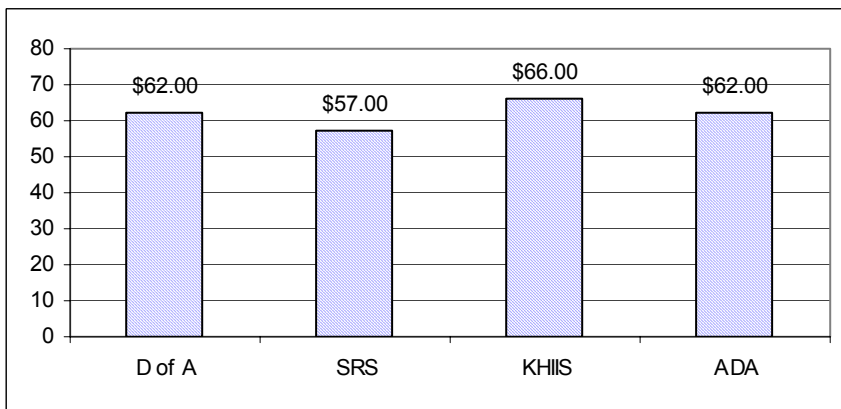
D0274 Bitewings – Four Films
Median Amount Allowed Calendar Year 2002
(ADA Median Amount Billed Calendar Year 2001 for Benchmark)



D0274 Bitewings Four Films	
Source	Total Services
D of A	20,962
SRS	4,961
KHIIS	2,158

SRS doing well; D of A is higher than KHIIS and ADA. D of A could do better.

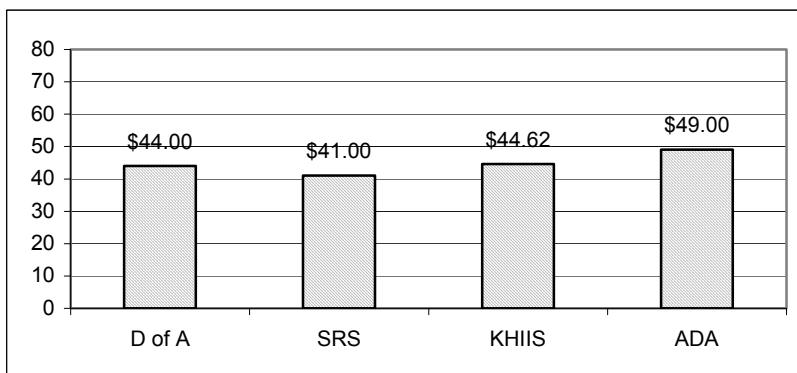
D0330 Panoramic Film
Median Amount Allowed Calendar Year 2002
(ADA Median Amount Billed Calendar Year 2001 For Benchmark)



D0330 Panoramic Film	
Source	Total Services
D of A	5,849
SRS	12,986
KHIIS	13,021

SRS and D of A doing well and significantly lower than KHIIS.
DOC reported median of \$115, significantly higher.

D1110 Prophylaxis – Adult
Median Amount Allowed Calendar Year 2002
(ADA Median Amount Billed Calendar Year 2001 for Benchmark)



D1110 Prophylaxis Adult	
Source	Total Services
SRS	10,480
KHIIS	99,126
D of A	62,860

SRS doing well and is significantly lower; D of A is below KHIIS.

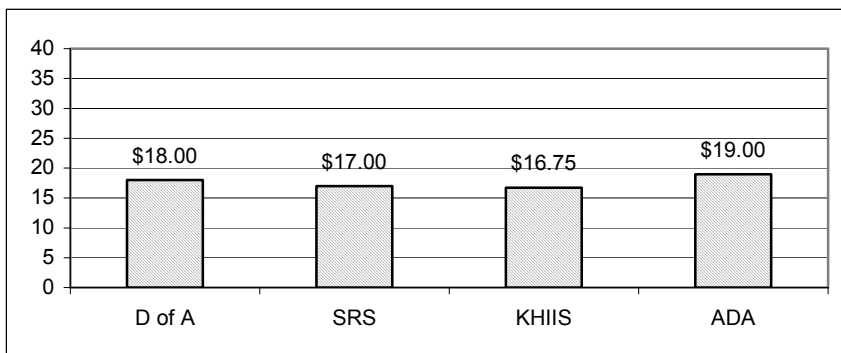
D1120 Prophylaxis – Child
Median Amount Allowed Calendar Year 2002
(ADA Median Amount Billed Calendar Year 2001 for Benchmark)



D1120 Prophylaxis Child	
Source	Total Services
D of A	12,032
SRS	34,181
KHIIS	24,565

SRS doing well; D of A is same as KHIIS.

D1203 Topical Application Of Fluoride (Prophylaxis Not Inc)
Median Amount Allowed Calendar Year 2002
(ADA Median Amount Billed Calendar Year 2001 for Benchmark)



D1203 Top Fluoride (Prop Not Inc)	
Source	Total Services
D of A	8,675
SRS	35,055
KHIIS	77

SRS slightly higher than KHIIS; D of A also higher than KHIIS but lower than ADA. KHIIS is based on a small Number of procedures so may not be a good benchmark.

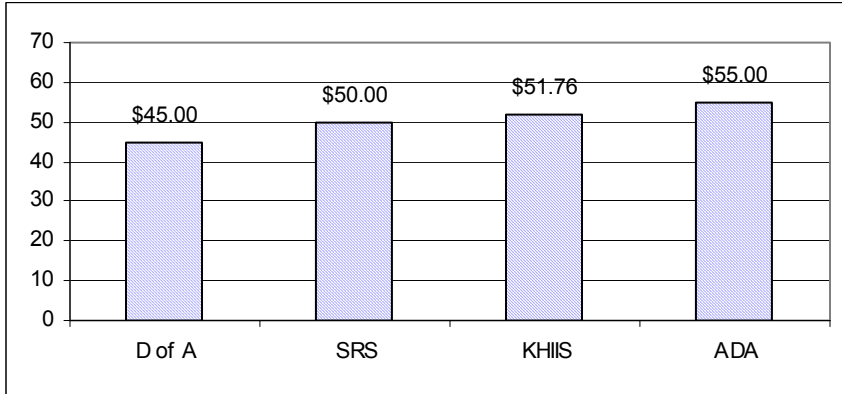
D1351 Sealant – Per Tooth
Median Amount Allowed Calendar Year 2002
(ADA Median Amount Billed Calendar Year 2001 for Benchmark)



D1351 Sealant Per Tooth	
Source	Total Services
D of A	4,981
SRS	34,883
KHIIS	1,842

SRS is higher than KHIIS; D of A is higher than KHIIS and same as ADA billed. Both SRS and D of A could do better if the KHIIS data is correct.

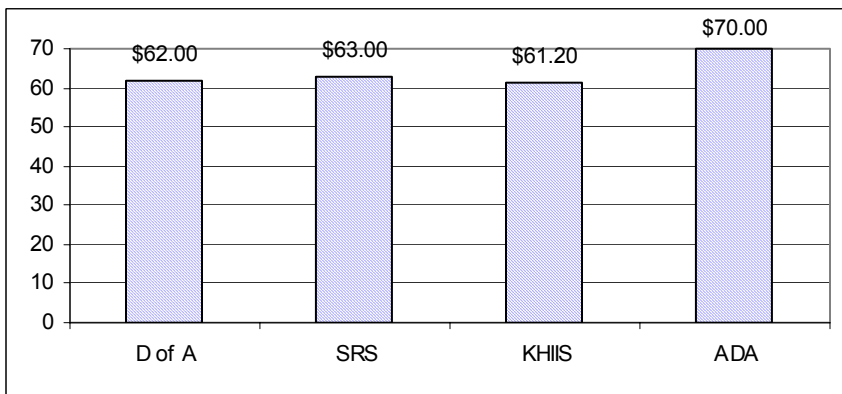
D2110 Amalgam One Surface Primary
Median Amount Allowed Calendar Year 2002
(ADA Median Amount Billed Calendar Year 2001 for Benchmark)



D2110 Amalgam One Surf Prim	
Source	Total Services
D of A	377
SRS	3,817
KHIIS	509

D of A doing very well and is significantly better; SRS is higher than D of A but below KHIIS

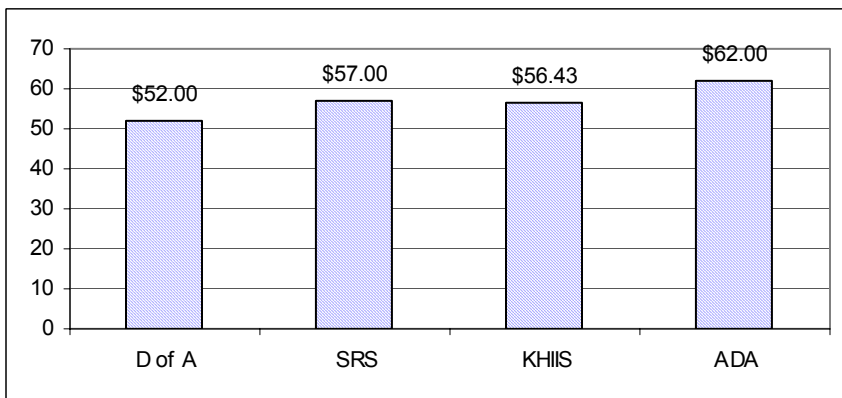
D2120 Amalgam Two Surfaces Primary
Median Amount Allowed Calendar Year 2002
(ADA Median Amount Billed Calendar Year 2001 for Benchmark)



D2110 Amalgam One Surf Prim	
Source	Total Services
D of A	818
SRS	3,633
KHIIS	1,580

D of A and SRS both higher than KHIIS but well below ADA. D of A and SRS could both do better.

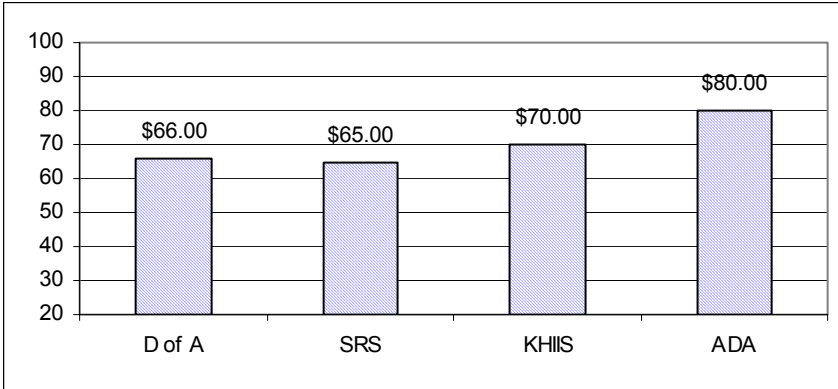
D 2140 Amalgam One Surface Permanent
Median Amount Allowed Calendar Year 2002
(ADA Median Amount Billed Calendar Year 2001 for Benchmark)



D2140 Amalgam One Surf Prim	
Source	Total Services
D of A	4,229
SRS	8,537
KHIIS	4,607

D of A doing very well and is significantly lower; SRS is higher than KHIIS. SRS could do better.

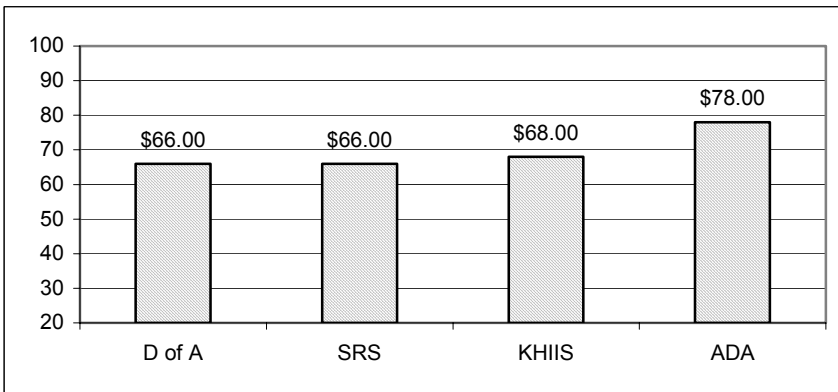
D2150 Amalgam Two Surfaces Permanent
Median Amount Allowed Calendar Year 2002
(ADA Median Amount Billed Calendar Year 2001 for Benchmark)



D2150 Amalgam Two Surf Prim	
Source	Total Services
D of A	4,804
SRS	3,471
KHIS	6,649

D of A and SRS are both doing well.

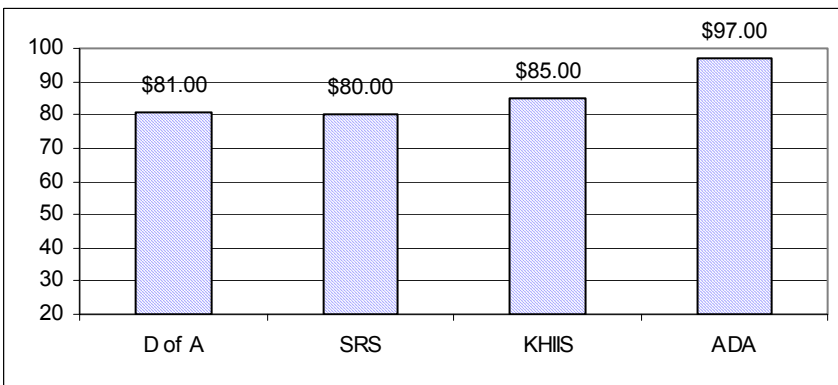
D2330 Resin One Surface Anterior
Median Amount Allowed Calendar Year 2002
(ADA Median Amount Billed Calendar Year 2001 for Benchmark)



D2330 Resin One Surf Anterior	
Source	Total Services
D of A	4,144
SRS	3,928
KHIS	3,200

D of A and SRS are both doing very well.

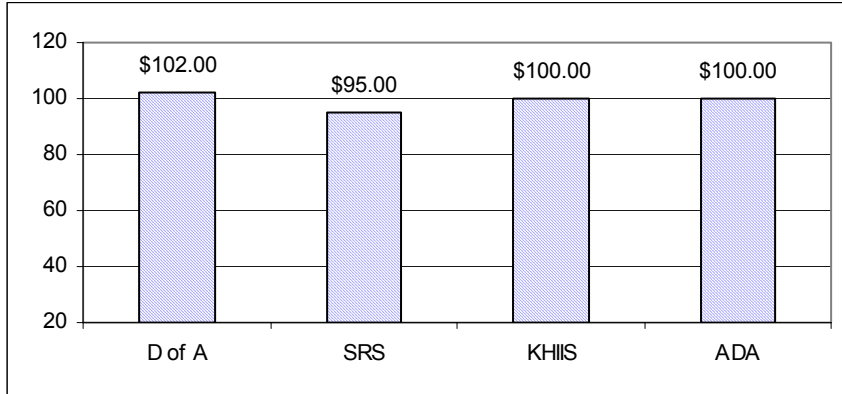
D2331 Resin Two Surfaces Anterior
Median Amount Allowed Calendar Year 2002
(ADA Median Amount Billed Calendar Year 2001 for Benchmark)



D2331 Resin Two Surf Anterior	
Source	Total Services
D of A	3,090
SRS	2,142
KHIS	3,209

D of A and SRS are both doing well.

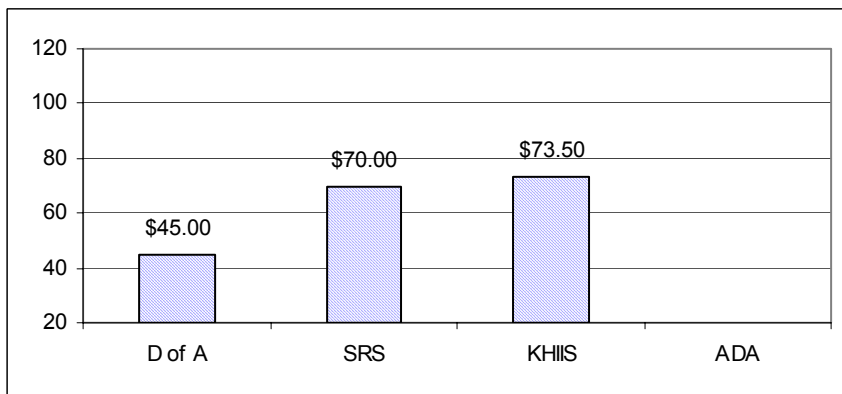
D2332 Resin Three Surfaces Anterior
Median Amount Allowed Calendar Year 2002
(ADA Median Amount Billed Calendar Year 2001 for Benchmark)



D2332 Resin Three Surf Anterior	
Source	Total Services
D of A	1,584
SRS	3,675
KHIIS	1,976

SRS doing well; D of A higher than KHIIS and ADA. D of A could do better.

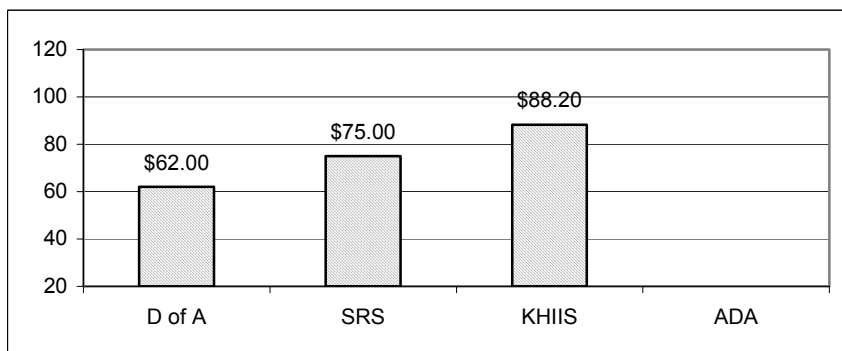
D2380 Resin One Surface Posterior Primary
Median Amount Allowed Calendar Year 2002
(ADA Median Amount Billed Calendar Year 2001 for Benchmark)



D2380 Resin One Surf Post Prim	
Source	Total Services
D of A	345
SRS	12,844
KHIIS	500

D of A doing very well and SRS is well below KHIIS. Delta Dental plan pays for the least costly method of Restoration so the D of A median allowed here represents the cost of an amalgam.

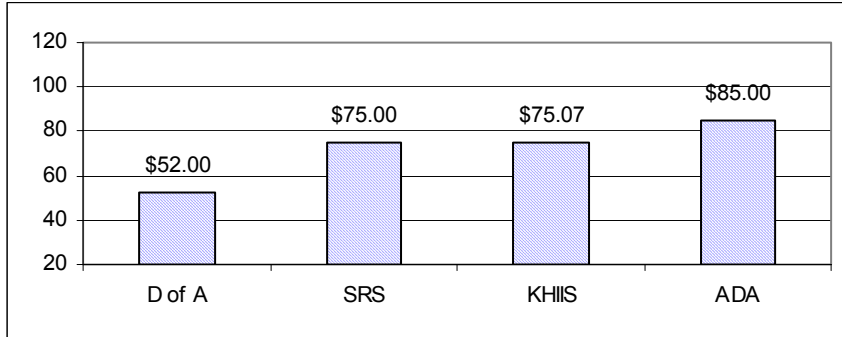
D2381 Resin Two Surface Posterior Primary
Median Amount Allowed Calendar year 2002
(ADA Benchmark Not Available)



D2381 Resin Two Resin Post Prim	
Source	Total Services
D of A	537
SRS	5,616
KHIIS	1,103

D of A doing very well and SRS is well below KHIIS. Delta Dental plan pays for the least costly method of Restoration so the D of A median allowed here represents the cost of an amalgam.

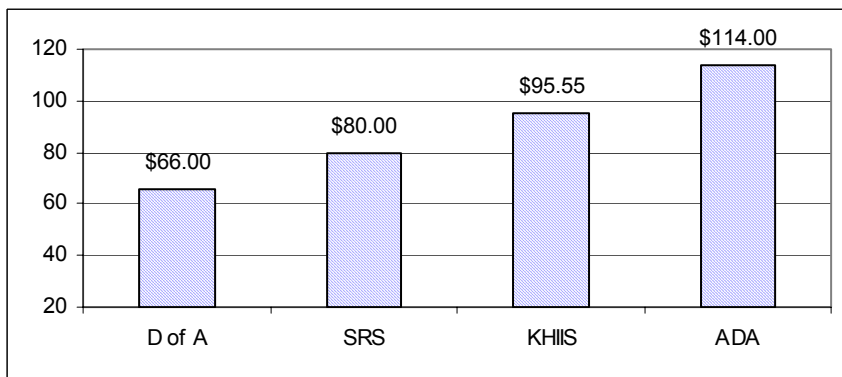
D2385 Resin 1 Surface Post Perm
Median Amount Allowed Calendar Year 2002
(ADA Median Amount Billed Calendar Year 2001 for Benchmark)



D2385 Resin 1 Resin Post Perm	
Source	Total Services
D of A	8,075
SRS	27,794
KHIIS	8,766

D of A doing very well but SRS is barely below KHIIS. Delta Dental plan pays for the least costly method of Restoration so the D of A median allowed here represents the cost of an amalgam.

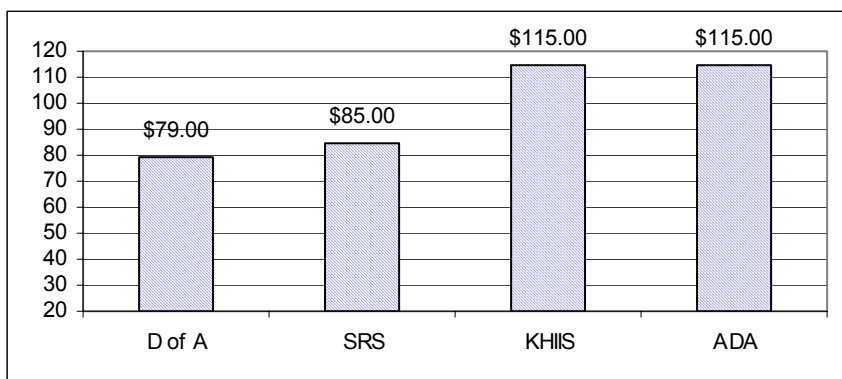
D2386 Resin 2 Surface Post Perm
Median Amount Allowed Calendar Year 2002
(ADA Median Amount Billed Calendar Year 2001 for Benchmark)



D2386 Resin 2 Resin Post Perm	
Source	Total Services
D of A	5,043
SRS	6,768
KHIIS	7,711

D of A doing very well and SRS is well below KHIIS. Delta Dental plan pays for the least costly method of Restoration so the D of A median allowed here represents the cost of an amalgam.

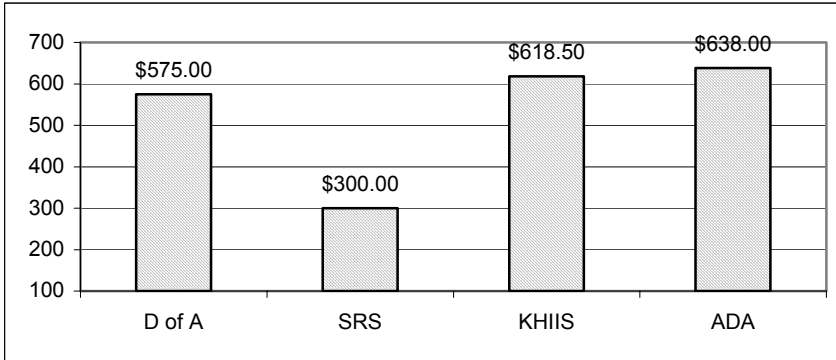
D2387 Resin 3/More Surface Post Perm
Median Amount Allowed Calendar Year 2002
(ADA Median Amount Billed Calendar Year 2001 for Benchmark)



D2387 Resin 3/More Resin Post Prim	
Source	Total Services
D of A	1,917
SRS	1,805
KHIIS	3,336

D of A doing very well and SRS is well below KHIIS. Delta Dental plan pays for the least costly method of Restoration so the D of A median allowed here represents the cost of an amalgam.

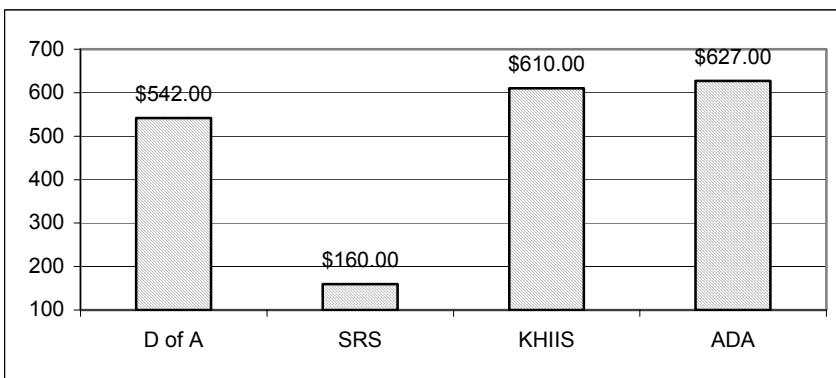
D2740 Crown Porcelain Ceramic Substrate
Median Amount Allowed Calendar Year 2002
(ADA Median Amount Billed Calendar Year 2001 for Benchmark)



D2740 Crown Porcelain Ceramic	
Source	Total Services
D of A	569
SRS	21
KHIIS	608

SRS is unrealistically low and based on a small number of procedures; D of A though quite a bit higher, is a good rate and well below KHIIS.

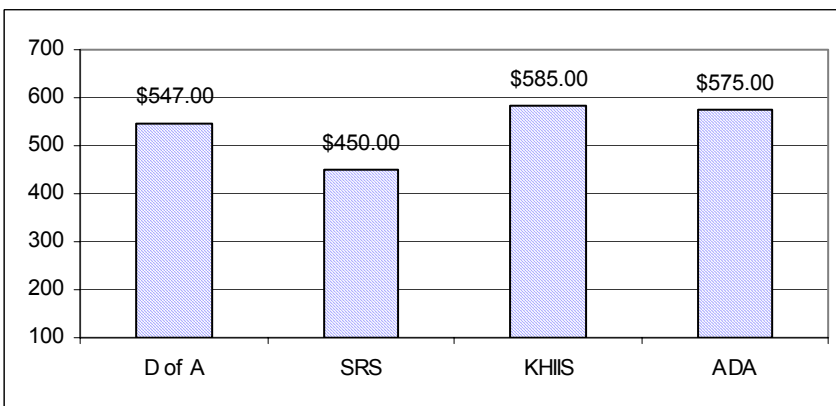
D2750 Crown Porcelain Fused High Noble Metal
Median Amount Allowed Calendar Year 2002
(ADA Median Amount Billed 2001 for Benchmark)



D2750 Crown Porcelain Fused High	
Source	Total Services
D of A	3,603
SRS	
KHIIS	3,691

SRS is unrealistically low; D of A though quite a bit higher is a good rate – well below KHIIS.

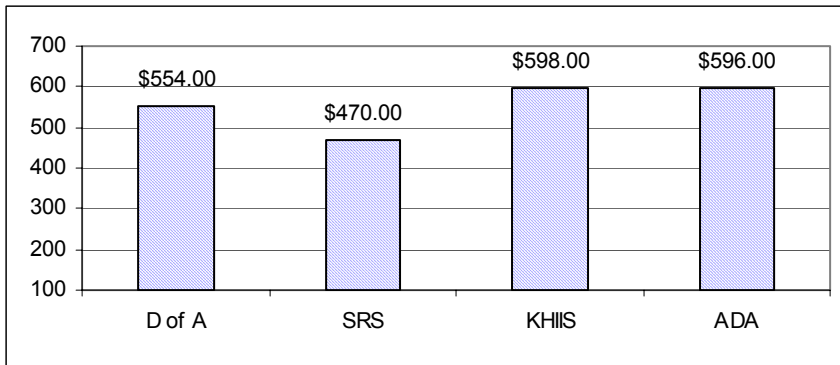
D2751 Crown Porcelain Fused Predom Base Metal
Median Amount Allowed Calendar Year 2002
(ADA Median Amount Billed Calendar Year 2001 for Benchmark)



D2751 Crown Porcelain Fused Predom	
Source	Total Services
D of A	1,353
SRS	67
KHIIS	1,904

SRS doing exceptionally well but based on a small number of procedures; D of A is well below KHIIS.

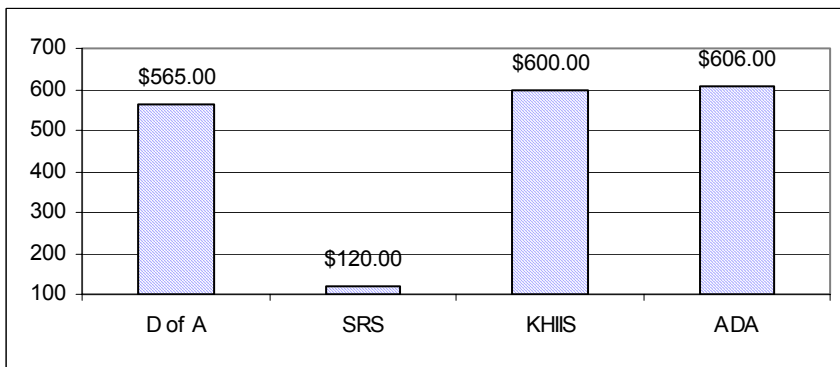
D2752 Crown Porcelain Fused Noble Metal
Median Amount Allowed Calendar Year 2002
(ADA Median Amount Billed Calendar Year 2001 for Benchmark)



D2752 Crown Porcelain Fused Noble	
Source	Total Services
D of A	1,735
SRS	222
KHIIS	2,168

SRS doing very well and significantly lower; D of A also well below KHIIS.

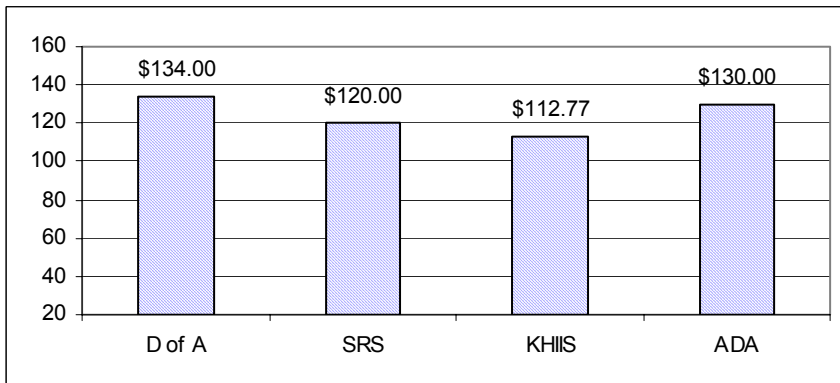
D2790 Crown Full Cast High Noble Metal
Median Amount Allowed Calendar Year 2002
(ADA Median Amount Billed Calendar Year 2001 for Benchmark)



D2790 Crown Full Cast High Noble	
Source	Total Services
D of A	882
SRS	
KHIIS	840

SRS is unrealistically low; D of A though quite a bit higher is a good rate – well below KHIIS.

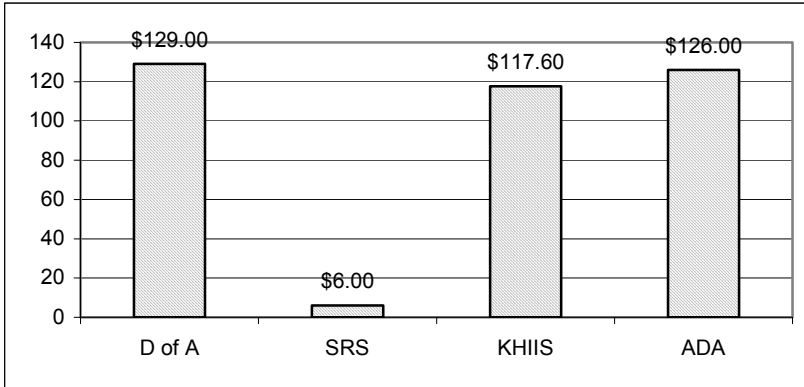
D2930 Prefab Ststl Crown Prim Tooth
Median Amount Allowed Calendar Year 2002
(ADA Median Amount Billed Calendar 2001 for Benchmark)



D2930 Crown Porcelain Fused Predom	
Source	Total Services
D of A	291
SRS	9,660
KHIIS	438

SRS higher than KHIIS but lower than ADA; D of A is higher than both KHIIS and ADA. SRS and D of A could do better.

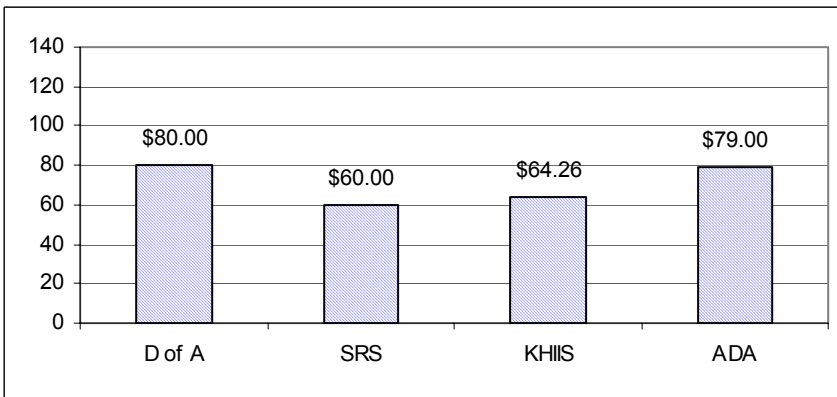
D2950 Core Build Up Including Any Pins
Median Amount Allowed Calendar Year 2002
(ADA Median Amount Billed Calendar Year 2001 for Benchmark)



D2950 Core build – up any pins	
Source	Total Services
D of A	2,646
SRS	
KHIIS	1,160

SRS is unrealistically low; D of A is higher than KHIIS and ADA. D of A could do better.

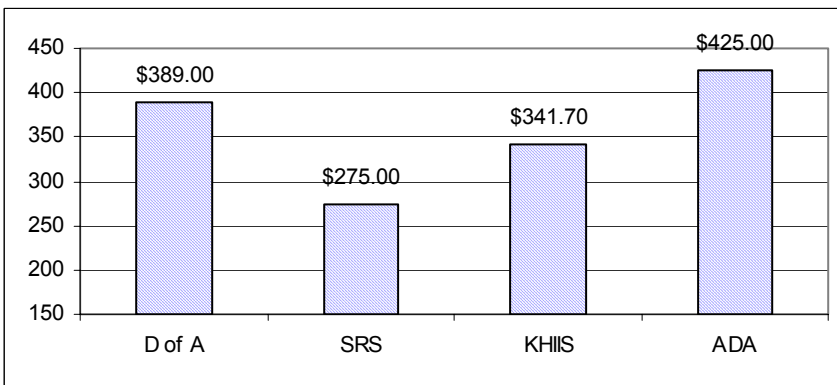
D3220 Therap Pulpotomy – Applic Meds
Median Amount Allowed Calendar Year 2002
(ADA Median Amount Billed Calendar Year 2001 for Benchmark)



D3220 Therapeutic pulpotomy	
Source	Total Services
D of A	277
SRS	5,709
KHIIS	536

SRS doing very well; D of A is higher than KHIIS and ADA. D of A could do better.

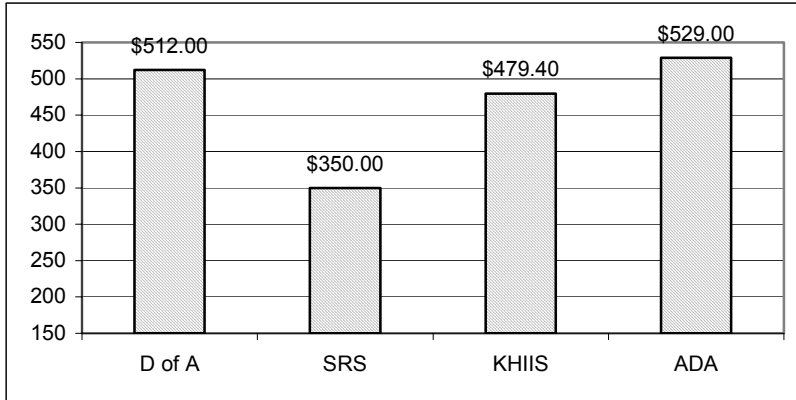
D3320 Bicuspid (Excl'd Final Restor)
Median Amount Allowed Calendar Year 2002
(ADA Median Amount Billed Calendar Year 2001 for Benchmark)



D3320 Root canal therapy 2 canals	
Source	Total Services
D of A	785
SRS	98
KHIIS	1,515

SRS doing very well and is significantly lower; D of A is higher than KHIIS. D of A could do better.

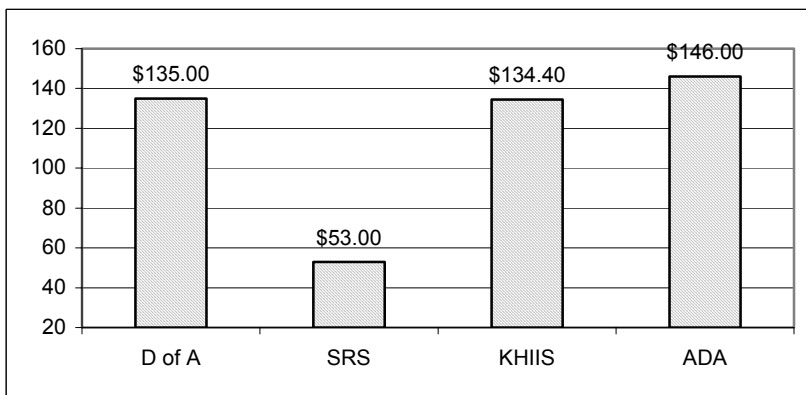
D3330 Molar (Excluding Final Restoration)
Median Amount Allowed Calendar Year 2002
(ADA Median Amount Billed Calendar Year 2001 for Benchmark)



D3330 Root canal therapy 3 canals	
Source	Total Services
D of A	1,486
SRS	787
KHIIS	3,109

SRS is doing very well and is significantly lower; D of A is quite a bit higher than KHIIS. D of A could do better.

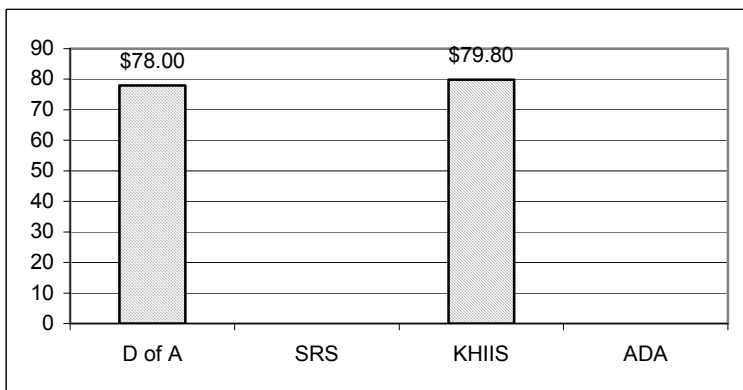
D4341 P'Dontal Scaling & Root / Quad
Median Amount Allowed Calendar Year 2002
(ADA Median Amount Billed Calendar Year 2001 for Benchmark)



D4341 Periodontal scaling & root	
Source	Total Services
D of A	3,087
SRS	41
KHIIS	3,429

SRS is unrealistically low and based on a small number of procedures; D of A is slightly higher than KHIIS. D of A could do better.

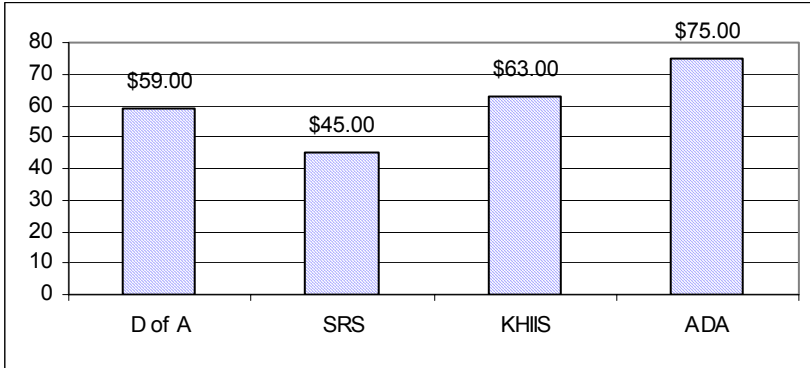
D4910 P'Dontal Maint Proc (Aft Act Ther)
Median Amount Allowed Calendar Year 2002
(ADA Benchmark Not Available)



D4910 Periodontal maint procedures	
Source	Total Services
D of A	3,405
SRS	0
KHIIS	7,494

D of A is less than KHIIS and doing alright.

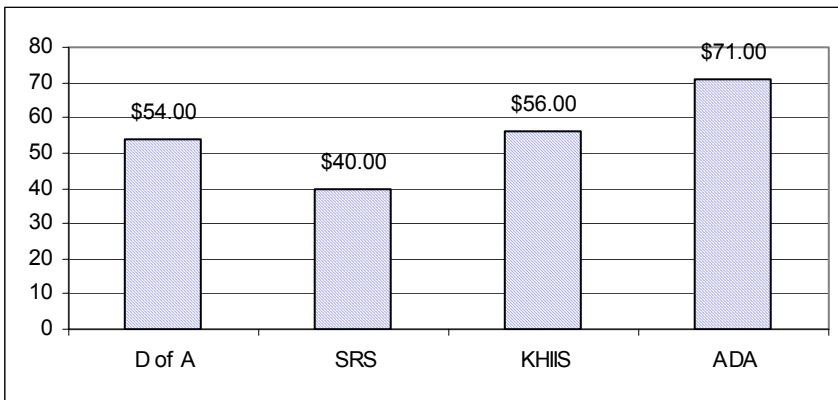
D7110 Oral surgery single tooth
Median Amount Allowed Calendar Year 2002
(ADA Median Amount Billed Calendar Year 2001 for Benchmark)



D7110 Oral surgery single tooth	
Source	Total Services
D of A	5,391
SRS	10,121
KHIIS	6,769

SRS is doing very well and is significantly lower; D of A also very good. DOC reported median of \$123, significantly higher.

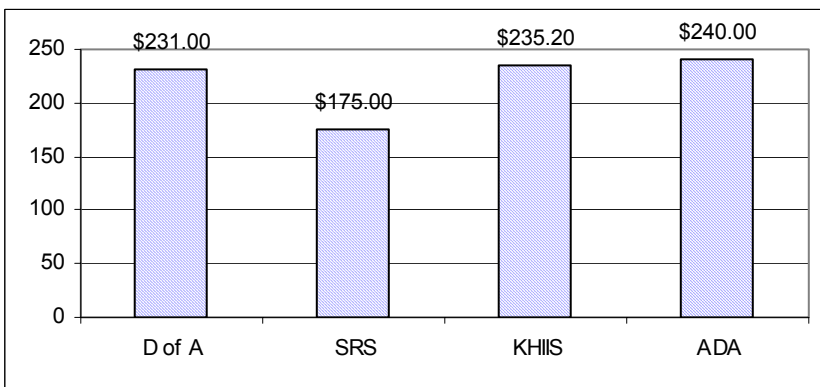
D7120 Each Additional Tooth (Extraction)
Median Amount Allowed Calendar Year 2002
(ADA Median Amount Billed Calendar Year 2001 For Benchmark)



D7120 Each add tooth extraction	
Source	Total Services
D of A	2,305
SRS	6,254
KHIIS	630

SRS is doing very well and is significantly lower; D of A is also less than KHIIS.

D7240 Removal Impact Tooth Complt Bony
Median Amount Allowed Calendar Year 2002
(ADA Median Amount Billed Calendar Year 2001 for Benchmark)



D7240 Removal Impact Tooth Complt Bony	
Source	Total Services
D of A	1,685
SRS	1,675
KHIIS	1,446

SRS is doing very well and is significantly lower; D of A also less than KHIIS.

Dental Procedures II
Calendar Year 2002 data
September 26, 2003

Agency Name	Dental Procedure Code	Dental Procedure Description	Mean	Median	Mode
KDHE/KHIIS	D0120	PERIODIC ORAL EXAMINATION	\$22.60	\$24.45	\$25.00
KDHE/KHIIS	D0140	LIMIT ORAL EVAL-PROB FOCUSED	\$33.14	\$34.65	\$34.65
KDHE/KHIIS	D0150	COMPREHENSIVE ORAL EVALUATION	\$38.02	\$40.00	\$40.95
KDHE/KHIIS	D0220	INTRAORAL PERIAPICAL FIRST FILM	\$14.86	\$15.00	\$15.00
KDHE/KHIIS	D0230	INTRAOR PERIAPICAL EA ADD FILM	\$19.32	\$13.02	\$15.00
KDHE/KHIIS	D0272	BITEWINGS TWO FILMS	\$20.73	\$22.05	\$22.05
KDHE/KHIIS	D0274	BITEWINGS FOUR FILMS	\$27.84	\$32.00	\$32.00
KDHE/KHIIS	D0330	PANORAMIC FILM	\$64.74	\$66.00	\$69.00
KDHE/KHIIS	D1110	PROPHYLAXIS ADULT	\$44.47	\$44.62	\$44.62
KDHE/KHIIS	D1120	PROPHYLAXIS CHILD	\$32.60	\$33.00	\$33.00
KDHE/KHIIS	D1203	TOP FLUORIDE (PROPHYL NOT INCL) CHID	\$16.81	\$16.75	\$16.75
KDHE/KHIIS	D1351	SEALANT PER TOOTH	\$24.14	\$24.00	\$24.00
KDHE/KHIIS	D2110	AMALGAM ONE SURFACE PRIMARY	\$51.96	\$51.76	\$51.76
KDHE/KHIIS	D2120	AMALGAM TWO SURFACES PRIMARY	\$62.06	\$61.20	\$61.20
KDHE/KHIIS	D2140	AMALGAM ONE SURFACE PERMANENT	\$54.89	\$56.43	\$56.43
KDHE/KHIIS	D2150	AMALGAM TWO SURFACES PERMANENT	\$69.21	\$70.00	\$70.00
KDHE/KHIIS	D2330	RESIN ONE SURFACE ANTERIOR	\$64.99	\$68.00	\$68.00
KDHE/KHIIS	D2331	RESIN TWO SURFACES ANTERIOR	\$82.69	\$85.00	\$85.00
KDHE/KHIIS	D2332	RESIN THREE SURFACES ANTERIOR	\$98.22	\$100.00	\$100.00
KDHE/KHIIS	D2380	RESIN ONE SURFACE POSTERIOR PRIMARY	\$69.16	\$73.50	\$73.50
KDHE/KHIIS	D2381	RESIN TWO SURFACE POSTERIOR PRIMARY	\$84.62	\$88.20	\$88.20
KDHE/KHIIS	D2385	RESIN 1 SURFACE POST PERM	\$74.09	\$75.07	\$75.07
KDHE/KHIIS	D2386	RESIN 2 SURFACE POST PERM	\$94.12	\$95.55	\$95.55
KDHE/KHIIS	D2387	RESIN 3/MORE SURFACE POST PERM	\$113.32	\$115.00	\$115.00
KDHE/KHIIS	D2740	CROWN PORCELAIN CERAMIC SUBSTRATE	\$608.19	\$618.50	\$618.50
KDHE/KHIIS	D2750	CROWN PORC FUSED HIGH NOBLE METAL	\$590.49	\$610.00	\$618.50
KDHE/KHIIS	D2751	CROWN PORC FUSED PREDOM BASE METAL	\$563.51	\$585.00	\$618.50
KDHE/KHIIS	D2752	CROWN PORC FUSED NOBLE METAL	\$576.39	\$598.00	\$618.50
KDHE/KHIIS	D2790	CROWN FULL CAST HIGH NOBLE METAL	\$583.16	\$600.00	\$618.50
KDHE/KHIIS	D2930	PREFAB STSTL CROWN PRIM TOOTH	\$120.14	\$112.77	\$112.77
KDHE/KHIIS	D2950	CORE BUILD UP INCLUDING ANY PINS	\$115.07	\$117.60	\$117.60
KDHE/KHIIS	D3220	THERAP PULPOTOMY-APPLIC MEDS	\$66.99	\$64.26	\$64.26
KDHE/KHIIS	D3320	BICUSPID (EXCLD FINAL RESTOR)	\$351.06	\$341.70	\$341.70
KDHE/KHIIS	D3330	MOLAR (EXCLUDING FINAL RESTORATION)	\$488.02	\$479.40	\$479.40
KDHE/KHIIS	D4341	P'DONTAL SCALING & ROOT PLAN / QUAD	\$131.29	\$134.40	\$134.40
KDHE/KHIIS	D4910	P'DONTAL MAINT PROC (AFTR ACT THER)	\$74.07	\$79.80	\$79.80
KDHE/KHIIS	D7110	SINGLE TOOTH	\$61.18	\$63.00	\$63.00
KDHE/KHIIS	D7120	EACH ADDITIONAL TOOTH	\$47.78	\$56.00	\$56.00
KDHE/KHIIS	D7240	REMOVAL IMPCT TOOTH COMPLT BONY	\$230.10	\$235.20	\$235.20

Appendix M
Drug Purchasing Comparisons

FINAL

Prescription Drug Purchasing
Calendar Year 2002 Data

Agency Name	MultiCom Lexicon Therapeutic Category	MultiCom Lexicon Therapeutic Category Description	Total Billed Amount	Total Allowed Amount	Total Paid Amount	Quantity Purchased	Number of Prescription
KDHE/KHIIS	272	PROTON PUMP INHIBITORS	\$104256.52	\$93906.53	\$77550.16	1983190	77401
KDHE/KHIIS	173	HMG-COA REDUCTASE INHIBITORS	\$103604.50	\$90531.48	\$70523.44	2748732	95294
KDHE/KHIIS	208	SSRI ANTIDEPRESSANTS	\$95462.09	\$85181.71	\$62551.02	3037298	115543
KDHE/KHIIS	123	ANTIHISTAMINES	\$89273.59	\$78190.28	\$52109.17	4483399	132484
KDHE/KHIIS	278	COX-2 INHIBITORS	\$63764.78	\$54988.98	\$41626.47	1835929	59205
KDHE/KHIIS	76	MISCELLANEOUS ANTIDEPRESSANTS	\$57421.40	\$49946.31	\$38202.90	2526943	68296
KDHE/KHIIS	102	ORAL CONTRACEPTIVES	\$48290.10	\$43251.48	\$20785.73	3409713	127683
KDHE/KHIIS	132	UPPER RESPIRATORY COMBINATIONS	\$45437.98	\$37953.28	\$24900.94	6175010	101896
KDHE/KHIIS	48	CALCIUM CHANNEL BLOCKING AGENTS	\$44726.45	\$35910.17	\$25149.82	2154453	66646
KDHE/KHIIS	183	ESTROGENS	\$41996.79	\$35117.90	\$18632.26	3493211	101882
KDHE/KHIIS	11	MACROLIDES	\$40638.27	\$34442.51	\$18603.91	1048938	87634
KDHE/KHIIS	204	MISCELLANEOUS ANTICONVULSANTS	\$39832.72	\$35277.78	\$28331.41	2572357	36229
KDHE/KHIIS	55	ANTIHYPERTENSIVE COMBINATIONS	\$36737.92	\$29301.62	\$18687.33	2323626	71056
KDHE/KHIIS	42	ANGIOTENSIN CONVERTING ENZYME INHIBITORS	\$33426.34	\$27460.10	\$1598.20	2213636	66694
KDHE/KHIIS	14	QUINOLONES	\$32312.67	\$27924.36	\$20580.68	347053	38539
KDHE/KHIIS	245	NASAL STEROIDS	\$30325.10	\$26753.31	\$17994.05	639394	47885
KDHE/KHIIS	271	THIAZOLIDINEDIONES	\$24986.30	\$22367.77	\$19102.47	472714	15336
KDHE/KHIIS	193	ANTIMIGRAINE AGENTS	\$24830.19	\$21838.22	\$18372.37	1798.03	18464
KDHE/KHIIS	186	SEX HORMONE COMBINATIONS	\$23723.98	\$20000.67	\$11667.52	1406841	43850
KDHE/KHIIS	180	ADRENERGIC BRONCHODILATORS	\$20620.55	\$16457.37	\$10040.81	1715324	57416
KDHE/KHIIS	243	LEUKOTRIENE MODIFIERS	\$19512.33	\$17421.58	\$12991.81	590410	22309
KDHE/KHIIS	274	CARDIOSELECTIVE BETA BLOCKERS	\$18555.62	\$11141.50	\$5171.29	2470195	67489
KDHE/KHIIS	60	NARCOTIC ANALGESICS	\$17439.97	\$15219.10	\$12993.20	668374	13982
KDHE/KHIIS	225	BETA-LACTAMSE INHIBITORS	\$17237.06	\$15353.58	\$11540.54	567055	18152
KDHE/KHIIS	191	NARCOTIC ANALGESIC COMBINATIONS	\$17095.16	\$10746.69	\$38716.73	3475273	109838
KDHE/KHIIS	77	MISCELLANEOUS ANTIPSYCHOTIC AGENTS	\$16965.42	\$14923.91	\$12412.08	573158	13305
KDHE/KHIIS	103	THYROID DRUGS	\$16327.70	\$13303.56	\$43285.28	2724596	71718
KDHE/KHIIS	69	BENZODIAZEPINES	\$16092.49	\$8561.14	\$41526.97	2491611	65114
KDHE/KHIIS	61	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS	\$16023.18	\$10254.18	\$61218.14	1950675	49279
KDHE/KHIIS	100	MISCELLANEOUS HORMONES	\$14789.60	\$11851.18	\$89230.88	316901	14804

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Prescription Drug Purchasing
Calendar Year 2002 Data

Agency Name	MultiCom Lexicon Therapeutic Category	MultiCom Lexicon Therapeutic Category Description	Total Billed Amount	Total Allowed Amount	Total Paid Amount	Quantity Purchased	Number of Prescriptions
KDHE/KHIIS	71	CNS STIMULANTS	\$1443.06	\$12269.64	\$86570.86	754440	19621
KDHE/KHIIS	110	MISCELLANEOUS UNCATEGORIZED AGENTS	\$14109.88	\$12986.04	\$11759.84	130518	3437
KDHE/KHIIS	215	INSULIN	\$14089.26	\$12526.56	\$10069.55	301613	21188
KDHE/KHIIS	24	HORMONES/ANTINEOPLASTICS	\$13505.02	\$10786.06	\$7725.73	696558	24114
KDHE/KHIIS	56	ANGIOTENSIN II INHABITORS	\$13430.86	\$11389.13	\$74510.35	637154	19616
KDHE/KHIIS	143	TOPICAL ACNE AGENTS	\$13324.19	\$11368.97	\$72171.32	960629	24329
KDHE/KHIIS	275	NON-CARDIOSELECTIVE BETA BLOCKERS	\$12108.04	\$95076.53	\$67045.01	936013	20660
KDHE/KHIIS	256	INTERFERONS	\$11547.54	\$1031.73	\$10009.94	6202	1103
KDHE/KHIIS	213	SULFONYLUREAS	\$11357.94	\$9335.71	\$53568.17	1190826	25605
KDHE/KHIIS	130	RESPIRATORY INHALANT PRODUCTS	\$1124173	\$96603.28	\$70905.09	287101	14022
KDHE/KHIIS	178	SKELETAL MUSCLE RELAXANTS	\$10600.84	\$77939.6.9	\$4691.76	1118208	27250
KDHE/KHIIS	104	IMMUNOSUPPRESSIVE AGENTS	\$10564.99	\$94373.57	\$86557.03	336786	4269
KDHE/KHIIS	263	IMPOTENCE AGENTS	\$10424.31	\$88342.12	\$69810.97	94110	11249
KDHE/KHIIS	138	TOPICAL STEROIDS	\$97623.32	\$7335.20	\$40478.09	1322797	31788
KDHE/KHIIS	70	MISCELLANEOUS ANXIOLYTICS, SEDATIVES AND HYPNO	\$97183.71	\$78495.97	\$49285.29	761782	20643
KDHE/KHIIS	224	AMINOPENICILLINS	\$93071.41	\$53280.22	\$97994.28	4146520	73187
KDHE/KHIIS	237	MISCELLANEOUS ANTIFUNGALS	\$91729.09	\$82327.69	\$71426.09	137914	4342
KDHE/KHIIS	159	FIRST GENERATION CEPHALOSPORINS	\$91661.21	\$59570.11	\$3011.10	1268975	37257
KDHE/KHIIS	137	TOPICAL ANTI-INFECTIVES	\$91190.56	\$75542.53	\$43888.47	669599	20691
KDHE/KHIIS	160	SECOND GENERATION CEPHALOSPORINS	\$86200.89	\$70917.19	\$47781.88	679452	13628
KDHE/KHIIS	43	ANTIADRENERGIC AGENTS, PERIPHERALLY ACTING	\$85557.64	\$60531.99	\$41824.33	399771	12675
KDHE/KHIIS	236	AZOLE ANTIFUNGALS	\$85523.91	\$70466.11	\$42581.71	104638	19702
KDHE/KHIIS	277	5-AMINOSALICYLATES	\$72313.24	\$64523.39	\$55171.27	789361	4239
KDHE/KHIIS	192	ANTIRHEUMATICS	\$71374.62	\$63825.4.3	\$56909.98	164136	3655
KDHE/KHIIS	211	PLATELET AGGREGATIONS INHIBITORS	\$70394.99	\$62122.78	\$50420.81	154350	5852
KDHE/KHIIS	94	H2 ANTAGONISTS	\$69463.56	\$39828.36	\$2678.78	579723	12585
KDHE/KHIIS	229	PURINE NUCLEOSIDES	\$68753.76	\$52523.16	\$38186.48	311693	10767
KDHE/KHIIS	195	5HT3 RECEPTOR ANTAGONISTS	\$58849.71	\$54016.32	\$49927.74	22141	1835
KDHE/KHIIS	16	TETRACYCLINES	\$58614.59	\$31644.18	\$17730.31	720490	20960
KDHE/KHIIS	59	MISCELLANEOUS ANALGESICS	\$57703.26	\$48483.04	\$31817.72	498991	8100

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Prescription Drug Purchasing
Calendar Year 2002 Data

Agency Name	MultiCom Lexicon Therapeutic Category	MultiCom LexicoTherapeutic Category Description	Total Billed Amount	Total Allowed Amount	Total Paid Amount	Quantity Purchased	Number of Prescriptions
KDHE/KHIIS	276	DOPAMINERGIC ANTIPARKINSONISM AGENTS	573317.9	451026.6	342921.8	251856	5321
KDHE/KHIIS	264	URINARY ANTISPASMODICS	560943.9	447444.4	312028.6	284932	7413
KDHE/KHIIS	214	NON-SULFONYLUREAS	555499.7	450592.9	333426.3	402753	6500
KDHE/KHIIS	46	ANTIARRHYTHMIC AGENTS	553413.9	389656.5	321719.5	208344	4403
KDHE/KHIIS	262	COUMARINS AND INDANDIONES	539691.8	434610	248088.7	558609	15603
KDHE/KHIIS	98	ADRENAL CORTICAL STEROIDS	466419.7	354716	140267	974430	29279
KDHE/KHIIS	209	TRICYCLIC ANTIDEPRESSANTS	459150.8	226274.8	73132.82	1108379	28017
KDHE/KHIIS	217	BISPHOSPHONATES	420579.9	341276.2	239703	89477	4928
KDHE/KHIIS	161	THIRD GENERATION CEPHALOSPORINS	419359.9	367143.4	247629.2	333670	6283
KDHE/KHIIS	267	OPHTHALMIC ANTIHISTAMINES AND DECONGESTANTS	409479.4	357511.1	221033.5	28420	6539
KDHE/KHIIS	156	THIAZIDE DIURETICS	381024.2	220426.2	78981.07	961071	27552
KDHE/KHIIS	163	OPHTHALMIC GLAUCOMA AGENTS	376699.5	274986.1	123437.3	92820	15369
KDHE/KHIIS	185	PROGESTINS	372113	323204.6	166912	229929	8226
KDHE/KHIIS	23	ANTIMETABOLITES	369084.5	256783.8	196631.5	123257	5292
KDHE/KHIIS	117	MINERALS AND ELECTROLYTES	359391.4	246178.9	116959	1085348	15994
KDHE/KHIIS	12	MISCELLANEOUS ANTIBIOTICS	353185	180397.6	53111.14	912297	21567
KDHE/KHIIS	164	OPHTHALMIC GLAUCOMA AGENTS	337356.2	271866	175928.7	29212	6415
KDHE/KHIIS	154	LOOP DIURETICS	319817.9	197057.4	76927.62	816168	20489
KDHE/KHIIS	176	NRTIS	318688.4	299733.8	276473.6	36601	820
KDHE/KHIIS	252	BILE ACID SEQUESTRANTS	318336.6	268114.9	203209.8	531243	3951
KDHE/KHIIS	187	MISCELLANEOUS SEX HORMONES	315792.3	246522.1	180980	78667	3885
KDHE/KHIIS	241	FIBRIC ACID DERIVATIVES	310352.9	167573.8	98969.32	406247	7468
KDHE/KHIIS	182	ANDROGENS AND ANABOLIC STEROIDS	300468.7	262192.3	206974	147223	2162
KDHE/KHIIS	128	EXPECTORANTS	296395.6	187593.7	73814.78	702582	18268
KDHE/KHIIS	171	OTIC STEROIDS WITH ANTI-INFECTIVES	276212.5	227206.5	141434.3	54907	6679
KDHE/KHIIS	155	POTASSIUM-SPARING DIURETICS	270698.8	207162.8	132083.4	403378	7955
KDHE/KHIIS	129	MISCELLANEOUS RESPIRATORY AGENTS	270302.4	253668.7	248246	16400	191
KDHE/KHIIS	44	ANTIADRENERGIC AGENTS, CENTRALLY ACTING	270077	192612.4	111606.9	432023	9324
KDHE/KHIIS	181	BRONCHODILATOR COMBINATIONS	261986	218124.2	147910.5	58568	4409
KDHE/KHIIS	17	URINARY ANTI-INFECTIVES	251094.9	205062.7	100147.4	122015	7146

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Prescription Drug Purchasing
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Agency Name	MultiCom Lexicon Therapeutic Category	MultiCom Lexicon Therapeutic Category Description	Total Billed Amount	Total Allowed Amount	Total Paid Amount	Quantity Purchased	Number of Prescription
KDHE/KHIIS	119	VITAMINS	\$24903.16	\$20511.14	\$12756.34	249206	6003
KDHE/KHIIS	116	IRON PRODUCTS	\$24418.96	\$20315.94	\$82737.37	546830	12113
KDHE/KHIIS	199	HYDANTOIN ANTICONVULSANTS	\$23673.06	\$1954.72	\$10079.56	600923	6613
KDHE/KHIIS	32	COLONY STIMULATING FACTORS	\$23157.38	\$20384.67	\$1995.99	1175	96
KDHE/KHIIS	89	ANTICHOLINERGICS/ANTISPASMODICS	\$23131.68	\$15659.89	\$65711.16	461945	10450
KDHE/KHIIS	45	ANTIANGINAL AGENTS	\$2293.98	\$16442.31	\$10804.27	207143	6971
KDHE/KHIIS	96	MISCELLANEOUS GI AGENTS	\$22656.09	\$18841.26	\$15187.91	266587	2760
KDHE/KHIIS	63	ANALGESIC COMBINATIONS	\$21984.27	\$18019.26	\$10543.76	273342	7678
KDHE/KHIIS	184	GONADOTROPINS	\$21173.11	\$18994.67	\$16976.18	3071	487
KDHE/KHIIS	166	OPHTHALMIC STEROIDS WITH ANTI-INFECTIVES	\$20763.01	\$17199.64	\$9730.86	18978	4352
KDHE/KHIIS	194	ANTIGOUT AGENTS	\$19427.28	\$10195.56	\$447.54	366791	9066
KDHE/KHIIS	80	MISCELLANEOUS CENTRAL NERVOUS SYSTEM AGENTS	\$18082.03	\$15416.19	\$12114.54	43383	1271
KDHE/KHIIS	261	HEPARINS	\$18020.63	\$14777.31	\$12578.04	15363	656
KDHE/KHIIS	21	ALKYLATING AGENTS	\$17412.84	\$15508.86	\$14840.17	13966	366
KDHE/KHIIS	95	LAXATIVES	\$1716.83	\$13282.97	\$50906.51	3905168	6105
KDHE/KHIIS	175	PROTEASE INHIBITORS	\$16891.87	\$15876.09	\$14868.91	64675	335
KDHE/KHIIS	144	TOPICAL ANTIPSORIATICS	\$16340.17	\$14609.35	\$11429.54	63839	1594
KDHE/KHIIS	246	NASAL ANTIHISTAMINES AND DECONGESTANTS	\$15454.06	\$13578.37	\$84647.31	64927	2846
KDHE/KHIIS	126	METHYLYXANTHINES	\$14706.76	\$10569.12	\$64862.68	193040	3596
KDHE/KHIIS	266	MISCELLANEOUS GENITOURINARY TRACT AGENTS	\$14198.65	\$11342.14	\$82454.22	81790	4008
KDHE/KHIIS	91	DIGESTIVE ENZYMES	\$13895.93	\$12315.65	\$11074.79	123803	614
KDHE/KHIIS	25	MISCELLANEOUS ANTINEOPLASTICS	\$13864.58	\$11385.28	\$11047.95	10025	227
KDHE/KHIIS	124	ANTITUSSIVES	\$13779.14	\$93312.11	\$55063.59	141500	5138
KDHE/KHIIS	92	GALLSTONE SOLUBILIZING AGENTS	\$13337.05	\$12158.38	\$10545.45	51282	757
KDHE/KHIIS	140	MISCELLANEOUS TOPICAL AGENTS	\$12768.16	\$10482.98	\$69142.77	134782	3029
KDHE/KHIIS	257	MONOCLONAL ANTIBODIES	\$12284.87	\$86493.75	\$83367.45	122	73
KDHE/KHIIS	36	RECOMBINANT HUMAN ERYTHOPOIETINS	\$11889.02	\$10548.13	\$10387.13	592	90
KDHE/KHIIS	93	GI STIMULANTS	\$11024.89	\$77255.43	\$30978.28	451651	7725
KDHE/KHIIS	165	OPHTHALMIC STEROIDS	\$10977.05	\$72430.18	\$35653.03	18061	3101
KDHE/KHIIS	50	INOTROPIC AGENTS	\$10975.36	\$83743.74	\$23690.37	300137	8406

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Prescription Drug Purchasing
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Agency Name	MultiCom Lexicon Therapeutic Category	MultiCom Lexicon Therapeutic Category Description	Total Billed Amount	Total Allowed Amount	Total Paid Account	Quantity Purchased	Number of Prescriptions
KDHE/KHIIS	146	MOUTH AND THROAT PRODUCTS	\$10890.83	\$83000.23	\$52435.71	271387	3244
KDHE/KHIIS	2	AMEBICIDES	\$10235.86	\$52524.31	\$18097.46	114169	5851
KDHE/KHIIS	240	LINCOMYCIN DERIVATIVES	\$10156.58	\$64471.53	\$39451.75	86328	2774
KDHE/KHIIS	139	TOPICAL ANESTHETICS	\$98361.64	\$80974.47	\$503.65	193794	2514
KDHE/KHIIS	170	OTIC ANTI-INFECTIVES	\$95654.58	\$8159*9.69	\$47873.22	12953	2070
KDHE/KHIIS	54	VASOPRESSORS	\$95527.92	\$81840.81	\$53710.39	2623	1557
KDHE/KHIIS	51	MISCELLANEOUS CARDIOVASCULAR AGENTS	\$89395.74	\$70878.82	\$57945.31	31291	675
KDHE/KHIIS	268	VAGINAL ANTI-INFECTIVES	\$8759.77	\$742.37	\$27378.57	46771	2210
KDHE/KHIIS	177	MISCELLANEOUS ANTIVIRALS	\$85928.94	\$70002.66	\$3989.68	10984	1216
KDHE/KHIIS	248	TOPICAL EMOLLIENTS	\$76062.21	\$58375.55	\$37377.54	256792	1409
KDHE/KHIIS	15	SULFONAMIDES	\$74606.82	\$52566.11	\$31440.42	201045	1734
KDHE/KHIIS	90	ANTIDIARRHEALS	\$69450.68	\$47448.25	\$26315.61	115657	2963
KDHE/KHIIS	226	NATURAL PENICILLINS	\$63964.13	\$34764.07	\$6386.55	196063	5981
KDHE/KHIIS	85	MISCELLANEOUS COAGULATION MODIFIERS	\$5967.25	\$43584.74	\$3282.87	38441	774
KDHE/KHIIS	134	ANORECTAL PREPARATIONS	\$58622.46	\$50426.17	\$27734.06	21772	1271
KDHE/KHIIS	179	SKELETAL MUSCLE RELAXANT COMBINATIONS	\$55703.97	\$45331.49	\$35235.01	37364	987
KDHE/KHIIS	10	LEPROSTATICS	\$54917.88	\$38855.81	\$34359.09	17625	386
KDHE/KHIIS	135	ANTISEPTIC AND GERMICIDES	\$54757.83	\$41358.78	\$11512.44	1203378	3316
KDHE/KHIIS	196	PHENOTHIAZINE ANTIEMETICS	\$54341.15	\$42296.62	\$22064.11	56210	2440
KDHE/KHIIS	167	OPHTHALMIC ANTI-INFLAMMATORY AGENTS	\$53228.07	\$44790.81	\$25349.89	3758	914
KDHE/KHIIS	107	CHELATING AGENTS	\$5227.31	\$47567.07	\$4113.05	38412	236
KDHE/KHIIS	120	VITAMIN AND MINERAL COMBINATIONS	\$50507.22	\$33103.36	\$10847.13	171479	3156
KDHE/KHIIS	62	SALICYLATES	\$41998.41	\$27397.16	\$16984.02	67595	1186
KDHE/KHIIS	227	NNRTIS	\$40688.92	\$41053.03	\$38236.14	8531	111
KDHE/KHIIS	197	ANTICHOLINERGIC ANTIEMETICS	\$40632.59	\$25050.82	\$5971.74	89124	4038
KDHE/KHIIS	239	MISCELLANEOUS ANTIMALARIALS	\$35646.26	\$2494.47	\$11308.53	55363	2030
KDHE/KHIIS	172	MISCELLANEOUS OTIC AGENTS	\$35054.16	\$23924.03	\$4438.93	34392	2990
KDHE/KHIIS	228	ADAMANTANE ANTIVIRALS	\$31736.86	\$22075.25	\$9971.02	57248	1348
KDHE/KHIIS	141	TOPICAL STEROIDS WITH ANTI-INFECTIVES	\$29156.89	\$19197.78	\$6331.82	48352	1966
KDHE/KHIIS	265	URINARY PH MODIFIERS	\$28279.51	\$23851.25	\$12584.52	63344	705

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Prescription Drug Purchasing
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Agency Name	MultiCom Lexicon Therapeutic Category	MultiCom Lexicon Therapeutic Category Description	Total Billed Amount	Total Allowed Amount	Total Paid Amount	Quantity Purchased	Number of Perscriptions
	216	ALPHA-GLUCOSIDASE INHIBITORS	\$27686.58	\$24239.96	\$16504.19	31420	405
KDHE/KHIIS	79	PSYCHOTHERAPEUTIC COMBINATIONS	\$22435.02	\$12429.41	\$7883.44	32733	639
KDHE/KHIIS	111	PSORALENS	\$19764.21	\$18242.27	\$17450.63	2511	72
KDHE/KHIIS	108	CHOLINERGIC MUSCLE STIMULANTS	\$1965.92	\$17391.23	\$11628.58	27272	245
KDHE/KHIIS	250	MONOAMINE OXIDASE INHIBITORS	\$19170.28	\$17073.88	\$1217.72	27024	252
KDHE/KHIIS	106	ANTIDOTES	\$17789.18	\$15693.87	\$13745.79	3847	193
KDHE/KHIIS	200	SUCCINIMIDE ANTICONVULSANTS	\$16800.07	\$14622.15	\$11563.45	15451	152
KDHE/KHIIS	18	AMINOGLYCOSIDES	\$16236.79	\$12027.31	\$6744.89	14759	488
KDHE/KHIIS	157	CARBONIC ANHYDRASE INHIBITORS	\$16146.65	\$11379.44	\$692.93	18690	500
KDHE/KHIIS	210	PHENOTHIAZINE ANTIPSYCHOTICS	\$16092.86	\$11569.46	\$6917.84	23425	472
KDHE/KHIIS	53	VASODILATORS	\$15759.11	\$733.26	\$4060.96	48753	682
KDHE/KHIIS	3	ANTHELMINTICS	\$13626.81	\$10547.72	\$4557.01	2006	863
KDHE/KHIIS	219	NUTRACEUTICAL PRODUCTS	\$12958.12	\$11025.25	\$8208.64	32663	139
KDHE/KHIIS	232	RIFAMYCIN DERIVATIVES	\$12329.32	\$10372.14	\$8009.73	7472	191
KDHE/KHIIS	68	BARBITURATES	\$11611.19	\$7505.65	\$1074.37	114458	1379
KDHE/KHIIS	26	MITOTIC INHIBITORS	\$10933.51	\$996.37	\$6085.96	94	8
KDHE/KHIIS	270	ANTIPSORIATICS	\$10349.74	\$9704.23	\$9167.42	879	23
KDHE/KHIIS	222	PENICILLINASE RESISTANT PENICILLINS	\$9536.72	\$6193.61	\$2856.79	13923	414
KDHE/KHIIS	118	ORAL NUTRITIONAL SUPPLEMENTS	\$9281.99	\$8389.62	\$6581.94	20576	46
KDHE/KHIIS	205	ANTICHOLINERGIC ANTIPARKINSON AGENTS	\$7593.09	\$5054.59	\$1782.98	23580	496
KDHE/KHIIS	269	MISCELLANEOUS VAGINAL AGENTS	\$7014.26	\$6070.59	\$2025.78	21435	348
KDHE/KHIIS	169	MISCELLANEOUS OPHTHALMIC AGENTS	\$5437.51	\$4156.61	\$1023.35	1917	300
KDHE/KHIIS	52	PERIPHERAL VASODILATORS	\$5078.26	\$2926.39	\$1053.05	16725	309
KDHE/KHIIS	223	ANTIPSEUDOMONAL PENICILLINS	\$4175.91	\$3947.67	\$2412.19	1962	46
KDHE/KHIIS	234	MISCELLANEOUS ANTITUBERCULOSIS AGENTS	\$3473.89	\$2885.24	\$2313.55	1227	37
KDHE/KHIIS	33	IMMUNE GLOBULINS	\$3062.75	\$2668.16	\$206.48	62	8
KDHE/KHIIS	150	STERILE IRRIGATING SOLUTIONS	\$2960.39	\$2418.95	\$2030.91	1602	83
KDHE/KHIIS	279	GONADOTROPIN RELEASING HORMONES	\$234.49	\$2073.73	\$1968.73	12	5
KDHE/KHIIS	39	MISCELLANEOUS BIOLOGICALS	\$1585.22	\$1430.84	\$1370.84	6	2
KDHE/KHIIS	31	BACTERIAL VACCINES	\$1157.95	\$961.16	\$370.09	225	25

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Prescription Drug Purchasing
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Agency Name	MultiCom Lexicon Therapeutic Category	MultiCom Lexicon Therapeutic Category Description	Total Billed Amount	Total Allowed Amount	Total Amount Paid	Quantity Purchased	Number of Prescriptions
KDHE/KHIIS	233	STREPTOMYCES DERIVATIVES	\$1154.31	\$980.55	\$800.15	244	9
KDHE/KHIIS	231	NICOTINIC ACID DERIVATIVES	\$972.97	\$753.26	\$34.32	3708	132
KDHE/KHIIS	38	VIRAL VACCINES	\$709.52	\$594.12	\$463.12	11	7
KDHE/KHIIS	253	ANOREXIANTS	\$60.57	\$515.04	\$485.04	6	6
KDHE/KHIIS	235	AMPHOTERICIANS	\$439.99	\$437.63	\$432.63	46	6
KDHE/KHIIS	88	ANTACIDS	\$343.55	\$249.15	\$3.63	3301	23
KDHE/KHIIS	121	INTRAVENOUS NUTRITIONAL PRODUCTS	\$273.11	\$178.77	\$120.36	1254	14
KDHE/KHIIS	168	OPHTHALMIC LUBRICANTS AND IRRIGATIONS	\$187.95	\$16.95	\$91.25	62	3
KDHE/KHIIS	198	MISCELLANEOUS ANTIEMETICS	\$144.59	\$107.47	\$59.67	30	1
KDHE/KHIIS	72	GENERAL ANESTHETICS	\$143.98	\$34.32	\$30.32	40	2
KDHE/KHIIS	131	ANTIASTHMATIC COMBINATIONS	\$79.05	\$69.97	\$20.07	600	4
KDHE/KHIIS	109	LOCAL INJECTABLE ANESTHETICS	\$24.38	\$24.38	\$4.19	87	7

Appendix N

BEST Team Report on Emergency Department Use Related to Drug or Alcohol Abuse



KANSAS

RODERICK L. BREMBY, SECRETARY

KATHLEEN SEBELIUS, GOVERNOR

DEPARTMENT OF HEALTH AND ENVIRONMENT

December 15, 2003

Governor's BEST team on Substance Abuse:

Information was requested from the Kansas Health Insurance Information System (KHIIS) regarding the frequency of Kansas *emergency room* visits due to drug and alcohol abuse. This memorandum summarizes the results from an analysis of the year 2002 submitted data containing information on those conditions.

As you know, KHIIS is comprised of data from the privately insured population that is under the purview of the Insurance Commissioner. According to our tally, a total of 1,044,970 covered lives are included in the population evaluated. Results are summarized in the table below:

Condition	Number	Rate per 100,000
Alcohol abuse	441	42.2
Drug abuse	178	17.0

Again, these rates are per 100,000 privately insured Kansans who visited the emergency room in 2002. These rates should be considered an underestimate of the State experience since there are no uninsured or Medicaid populations included. At this time, we do not recommend pursuing analyses for counties due to small numbers issues. At this time, perhaps an urban versus non-urban comparison would be more informative while preserving the confidentiality of Kansas citizens related to this sensitive condition.

Hopefully this will assist you in your decision-making process.

Appendix O
Proposed Standard Report

KHIIS Benefit Ratio Standard Report 2002

Insurance Company	United Wisconsin Life - American Medical	97179	Insured Individuals	14,611			
Report Period	2002						
		Total Amount Charged	Total Amount Allowed	Total Amount Paid	Allowed / Charged	Paid / Charged	Paid / Allowed
HOSPITAL INPATIENT:							
	Maternity (Excluding Abortion)	\$475,853	\$209,003	\$176,244	43.3	37.0	84.3 %
	Abortion	\$2,765	\$2,682	\$2,604	97.0	94.2	97.1 %
	Complicated Newborn Care	\$4,443	\$3,235	\$1,186	72.8	26.7	36.7 %
	Newborn Care	\$553,326	\$348,915	\$332,225	63.1	60.0	95.2 %
	Psychiatry/Substance Abuse	\$477,047	\$253,060	\$203,289	53.0	42.6	80.3 %
	Rehabilitation	\$532	\$395	\$395	66.7	66.7	100.0 %
	Inpatient Surgery	\$3,633,919	\$2,049,331	\$1,887,423	56.4	51.9	92.1 %
	General Medical: Inpatient	\$2,528,481	\$1,500,456	\$1,304,313	59.3	51.6	86.9 %
	Subtotal	\$7,676,426	\$4,367,078	\$3,907,679	56.9	50.9	89.5 %
HOSPITAL OUTPATIENT:							
	Psychiatry/Substance Abuse	\$99,471	\$58,549	\$41,331	58.9	41.6	70.6 %
	Clinic	\$190	\$131	\$131	68.7	68.7	100.0 %
	Emergency Room	\$1,831,046	\$1,197,488	\$738,206	65.4	40.3	61.6 %
	Outpatient Surgery	\$3,395,157	\$1,745,882	\$1,333,248	51.4	39.3	76.4 %
	Diagnostic / Therapeutic Services	\$1,718,896	\$1,204,599	\$846,357	70.1	49.2	70.3 %
	General Medical: Outpatient	\$454,897	\$312,838	\$255,459	68.8	56.2	81.7 %
	Subtotal	\$7,439,657	\$4,519,486	\$3,214,732	60.3	42.9	71.1 %
PRIMARY CARE PROFESSIONALS:							
	Patient Visits	\$1,994,479	\$1,157,430	\$920,885	58.0	46.2	79.6 %
	Vaccines and Toxoids	\$165,007	\$121,124	\$118,861	73.4	72.0	98.1 %
	Subtotal	\$2,159,487	\$1,278,555	\$1,039,745	59.2	48.1	81.3 %
SPECIALTY CARE PROFESSIONALS:							
	Inpatient Surgery	\$600,912	\$267,083	\$225,071	44.4	37.5	84.3 %
	Outpatient Surgery	\$874,743	\$397,104	\$258,949	45.4	29.6	65.2 %
	Office Surgery	\$656,239	\$326,088	\$184,042	43.7	28.0	56.4 %
	Inpatient Visits	\$219,399	\$139,547	\$115,061	63.4	52.3	82.5 %
	Psychiatry/Substance Abuse	\$406,351	\$308,060	\$223,609	75.8	55.0	72.6 %
	Vaginal Delivery	\$82,240	\$61,837	\$47,726	75.2	58.0	77.2 %
	Cesarean Delivery	\$33,588	\$21,506	\$17,205	64.0	51.2	80.0 %
	Maternity Other	\$293,566	\$174,092	\$148,930	59.3	50.7	85.5 %
	Anesthesia	\$250,238	\$178,624	\$138,898	71.4	55.5	77.8 %
	Cardiovascular	\$450,284	\$226,090	\$181,327	50.2	40.3	80.2 %
	Allergy and Clinical Immunology	\$134,484	\$83,550	\$76,812	62.1	57.1	91.9 %
	EEG	\$6,087	\$2,859	\$2,651	47.0	43.6	92.7 %
	Consultations	\$182,612	\$119,535	\$97,724	65.5	53.5	81.8 %
	Emergency Services	\$188,470	\$97,440	\$74,107	51.7	39.3	76.1 %
	Subtotal	\$4,379,753	\$2,403,415	\$1,792,113	54.9	40.9	74.6 %
DIAGNOSTIC:							
	Radiology	\$889,866	\$468,937	\$375,702	52.7	42.2	80.1 %
	Pathology and Laboratory	\$786,455	\$345,089	\$275,520	43.9	35.0	79.8 %
	Subtotal	\$1,676,321	\$814,026	\$651,222	48.6	38.8	80.0 %
MISCELLANEOUS:							
	Ambulance: Land, Air, Water	\$81,831	\$71,667	\$49,412	87.6	60.4	68.9 %
	Radiation Oncology	\$32,243	\$13,302	\$12,239	41.3	38.0	92.0 %
	Chemotherapy Administration	\$222,219	\$119,186	\$115,354	53.6	51.9	96.8 %
	Physical Medicine and Rehabilitation	\$214,729	\$120,799	\$72,841	56.3	33.9	60.3 %
	Speech Therapy	\$6,137	\$4,553	\$4,553	74.2	74.2	100.0 %
	Occupational Therapy	\$416	\$311	\$180	74.7	43.2	57.9 %
	Chiropractic Manipulative Treatment	\$87,700	\$48,527	\$23,503	55.3	26.8	48.4 %
	Durable Medical Equipment (DME)	\$20,224	\$11,302	\$10,231	58.8	50.6	86.0 %
	Preventive Medicine Services	\$69,202	\$52,527	\$49,589	75.9	71.7	94.4 %
	Vision and Hearing	\$125,507	\$73,275	\$56,601	58.4	45.1	77.2 %
	Dentistry	\$396,904	\$833,384	\$574,638	83.6	57.6	69.0 %
	General Medical: Professional	\$299,519	\$194,215	\$146,137	64.8	48.8	75.2 %
	Subtotal	\$2,156,632	\$1,543,649	\$1,115,279	71.6	51.7	72.2 %
PRESCRIPTION DRUGS:							
	Pharmacy	\$4,142,378	\$4,141,759	\$2,573,088	100.0	62.1	62.1 %
	Subtotal	\$4,142,378	\$4,141,759	\$2,573,088	100.0	62.1	62.1 %
FACILITIES:							
	MEDICAL COST TOTAL	\$29,690,654.23	\$19,067,967.47	\$14,293,858.54	64.2	48.1	75.0 %
	Skilled Nursing Facility	\$1,148	\$749	\$633	65.3	55.2	84.5 %
	Home / Home Health	\$552,857	\$343,333	\$291,028	62.1	52.6	84.8 %
	Residential Substance Abuse Facility	\$90	\$65	\$33	71.8	36.1	50.2 %
	End Stage Renal Disease Treatment Facility	\$5,450	\$4,534	\$4,313	83.2	79.2	95.1 %
	Ambulatory Surgery Center	\$469,832	\$275,724	\$174,834	58.7	37.2	63.4 %
	Hospice	\$2,835	\$2,835	\$2,835	100.0	100.0	100.0 %
	FACILITY COST TOTAL	\$1,032,212	\$627,240	\$473,676	60.8	45.9	75.5 %
	OTHER COST TOTAL	\$3,124,752	\$1,834,784	\$1,388,758	58.72	44.44	75.69 %
	OVERALL COST	\$33,847,619	\$21,529,991	\$16,156,293			